Technical Assistance in The U.S. Department of Health & Human Services

July 1997

Report of the Technical Assistance and Training Liaison Work Group

Contents

Executive Summary

Most of the programs of the Department of Health and Human Services use technical assistance, either as a part of program activities or embedded in management processes. This activity takes many forms, reflecting the programmatic diversity of the Department. Changes in the design and approach of many programs within the Department have shifted both the attitude toward and importance of technical assistance as a policy tool. However, the Department has not yet focused on the implications of these changes.

This is a report of the Technical Assistance and Training Liaison Group, composed of representatives from each of the operating and staff divisions of the Department. Over the past months, this effort has engaged more than 100 people within the Department in considering various aspects of this issue. The majority of work was carried out by eight subcommittees that solicited views from various groups that are part of the Department's internal and external "user communities."

A Repertoire of Approaches

An examination of the Departmental experience identified a variety of modes of delivering technical assistance and a range of providers involved, as well as diverse substantive approaches. In addition, the Group sought feedback from different customers or users of technical assistance (e.g., people inside the Department, the general public, and individuals and groups with whom the Department does business).

This report provides examples of successful technical assistance activities already in place in the Department, illustrating efforts at both the headquarters and regional office settings. The Technical Assistance and Training Liaison Group did not attempt to inventory technical assistance programs or to produce an accurate estimate of the resources devoted to technical assistance and training. However, this investment is clearly substantial and constitutes a larger share of the Department's discretionary budget than is generally recognized.

Findings

Several issues deserve attention because they compromise the Department's ability to provide effective technical assistance to its multiple customers.

Technical assistance is a major resource and asset in the Department but receives very little attention from senior management in the Department or at the OpDiv level.

In part, this is because technical assistance is often provided by federal staff as a part of their day-to-day duties, comes in small packages (often embedded in individual program appropriations), and seldom offers up critical decisions for senior managers. Lack of attention to this set of activities has made it difficult for some program areas to gain resources. In other cases,

it has resulted in significant technical assistance expenditures that may not be attuned to new program or policy directions.

Changes in our programs and in the nature of our relationships with States, local government, and non-profit groups has made the quality of our technical assistance increasingly important.

Technical assistance is one of the Department's most valuable tools for exerting a positive influence on state or locally managed programs. The response of program managers to this new set of relationships has been very uneven. Some programs are moving (or have already moved) into a partnership facilitation mode while others are still in a compliance framework.

We do not have reliable information about whether our technical assistance investments are working.

Little systematic feedback comes from the users of the technical assistance; moreover, there is limited evidence that feedback influences program management. There are virtually no systematic evaluations of technical assistance effectiveness.

Overlap and lack of coordination appear to be serious problems.

Because of the categorical nature of most technical assistance, state or local grantees may be dealing with several components of the Department, none of which coordinate with one another. This is frustrating for grantees and is obviously not the best use of resources from the Department's perspective.

There is no systematic way to share information or to receive support in the design of technical assistance.

The work of the Technical Assistance and Training Liaison Group provided an opportunity for individuals to share information and to learn from one another. However, this sharing highlighted only the tip of the iceberg and was a one-time effort.

Although it is increasingly important as a delivery mode for technical assistance, the Internet's use is limited both by internal HHS factors and by many of grantees' lack of access to the technology.

RECOMMENDATIONS

Accentuate the leadership role of the Office of the Secretary.

- Acknowledge the importance of technical assistance in accomplishing the Department's goals. Use opportunities to interact with OpDivs and programs to explore the scope and operations of technical assistance activities.

  These might include discussion of investment in technical assistance in the Budget Review Board deliberations. Issues might be discussed within legislation development and could be linked to existing Departmental initiatives (e.g., the Secretarial Policy Initiatives, the Quality of Worklife Initiative).

- Encourage a larger role for the Regional Offices and Regional Directors in brokering and monitoring technical assistance. These individuals are often closer to the customer and could deal with some of the overlap problems if they knew what technical assistance is being provided within their regions.

- Establish an award category for excellence in technical assistance. This is an area of work that rarely receives attention or recognition.

Establish clear expectations about technical assistance management.

- OpDivs should be encouraged to establish procedures for soliciting customer feedback on the design, operation, and evaluation of technical assistance.

- The Internet is a major tool that could be used for the delivery of technical assistance. Devising mechanisms that create standards for the HHS Internet presence and that facilitate collaboration at the Department level to link OpDiv specific sites is important for HHS. Websites that offer "one-stop shopping" for technical assistance (similar to the Healthfinder site) are effective ways to reach consumers.

- OpDivs should be encouraged to evaluate major fields of technical assistance rigorously in order to determine their effectiveness.

Create an ongoing roundtable or other Department-wide opportunities for sharing experience.

- Following the models established for information sharing and policy development in financial management, the Government Performance and Review Act (GPRA), and evaluation, it would be useful to establish such an arena for technical assistance. Such an arena would provide opportunities for communication and information sharing and to identify critical issues that need attention from senior management.

Technical Assistance in the U.S. Department of Health & Human Services

Overview

Although rarely highlighted as an instrument of federal policy, some form of technical assistance is embedded in almost all of the programs of the Department of Health and Human Services (HHS).

In some cases, technical assistance is actually at the core of Departmental activity. Those efforts are visible and often available to the general public in the form of clearinghouses, Web Pages, conferences, and publications. Other technical assistance efforts are designed to ensure that the Department's programs operate effectively. In this instance, the Department provides assistance to those who are charged with implementing federal programs. Such technical assistance may involve start-up processes (when federal policies are changed) or may be in the form of ongoing efforts with resources dedicated to assist those outside the Department to carry out programs and policies. Still other forms of technical assistance focus on internal Departmental management processes. Assistance may be given by staff in headquarters to those in field positions or may be directed toward management improvement.

The activities that are described as technical assistance within HHS do not reflect a simple definition of this topic. Because technical assistance must be viewed as a means to an end, not an end in itself, these activities mirror the programmatic diversity within the Department, the diversity of its functions (e.g., policy assistance, research activities, management issues, or service delivery), and the wide range of its users or customers (e.g., the general public, states, community groups, commercial and nonprofit private sector organizations, foreign countries, and other international groups).

In recent years, traditional approaches to technical assistance have shifted. To a large extent, these shifts have occurred because of changes in the design and approach of many federal programs. Devolution of responsibilities from federal agencies to state, local and community levels has placed new demands on those players and, at the same time, has challenged federal agencies to respond to their needs in new ways. The federal role has become more variegated, and less emphasis is placed on a technical assistance approach that is limited to experts providing information to others who are less expert.

The classic model for technical assistance has assumed that expertise is provided as a one-to-one, face-to-face exchange between the expert provider and the recipient of the advice. However, shifts in the definition of the federal role, which now encourages partnerships and collaboration between federal officials and those with whom they do business, have redefined the relationship. Expertise is found in many quarters, not only in federal offices, consulting firms, or the academic sector. In many areas, the federal staff plays the role of broker or convener, bringing people together who might advise one another and encouraging technical assistance that is provided on a peer-to-peer basis. Brokering relationships might involve the actual providers of services in a community setting, as well as national groups who serve as intermediaries between the federal government and the providers. In addition, the changes in the federal role and available resources have also meant that technical assistance is provided in a variety of forms, not simply the on-site, face-to-face mode of the past.

Many parts of the Department have already changed their practices to reflect this modified approach to technical assistance. The Department must now devise an approach that allows HHS to carry out its policy responsibilities and to operate within the existing framework of program structure and design, while concurrently working effectively with those outside the Department to carry out these responsibilities. While many parts of the Department have experienced a shift in program design, there has been minimal attention to new demands that are placed on the technical assistance provided and supported by the Department.

The Technical Assistance/ Training Liaison Group

The Technical Assistance/Training Liaison Group, composed of representatives from each of the operating and staff divisions of the Department, began work in October 1996 by gathering information and assessing activities that would:

- Provide the Secretary with an overview of the Department's technical assistance and training activities;
- Identify new and emerging issues related to technical assistance and the Department's changing role as a partner with other levels of government;
- Identify obstacles to making our technical assistance more responsive to customer/ consumer/partner needs and preferences;
- Explore the ways various programs within the Department, other federal departments and agencies, and the private sector are using innovative approaches in the provision of technical assistance and training;
- Provide appropriate recommendations to the Secretary and HHS senior staff how we might improve the technical assistance and training that the Department supports and provides.

Working through eight subgroups, the Liaison Group engaged more than 100 staff within the Department in some aspect of this effort. These individuals were drawn from headquarters as well as from regional offices. The subgroups focused on issues pertaining to various customers of technical assistance, including states, community-level groups, and international customers; on generic customer issues; and on issues related to the use of the Internet, the role of regional/field offices, performance measurement and evaluation, and training.

The specific findings of these subgroups were based on information collection approaches that highlighted the sharing of experience across program areas and cross-cutting approaches. Participants in the process learned that, despite differences in programs, those concerned with effective technical assistance might draw on the experiences of staff from other programs. Meetings were held with various groups who are a part of the Department's customer community; some of these groups provide technical assistance to their membership that complements Departmental activity. In addition, information was obtained from individuals and organizations outside the Department who have been involved in other technical assistance efforts. Conversations were also held with organizations that work with community groups. In particular, the group found that states and the national organizations that represent various state functions utilize a system of technical assistance that in some cases parallels and in other instances supplements or relies on technical assistance provided by Department staff.

The working groups attempted to link to other efforts already underway in the Department. These include the Secretarial Policy Initiatives, the Cus-

tomer Service Initiative, efforts related to the Government Performance and Results Act, the National Performance Review activity, the Nonprofit Gateway, the Internet Lab, and the Quality of Worklife Initiative. Perhaps most importantly, the recommendations that emerged from this process reflected the Department's commitment to establish partnerships with its various customers and partner groups, working collaboratively to achieve the HHS goals and implement its policies.

Looking at the technical assistance provided to various customers from their perspective (a bottom-up approach) not only highlights their concerns and needs but also emphasizes the multiple sources of technical assistance that may flow from the Department to a single user (e.g., a state agency), as well as the need for coordination of technical assistance on a particular subject.

A Repertoire of Approaches

Examining the Departmental experience produced a catalogue of modes for the delivery of technical assistance, the range of providers involved, and the substantive thrust of technical assistance efforts. As Figures 1 to 3 indicate, the variety of mechanisms in the Department's repertoire is diverse and broad.

Figure 1

Modes of Delivering Technical Assistance
Catalogues of materials
Clearinghouses
Conferences
E-mail
Field assignees
Hosting or convening meetings
Internet chat rooms
Model curricula
Newsletters
On-site visits
Publications
Peer-to-peer
Resource Centers
Response to questions
Rotational assignment of personnel
Self-assessment tools
Training
Training of Trainers
Toll-free telephone numbers
Videoconferences
Work sessions for multiple participants
Workshops
World Wide Web

Figure l shows the wide variety of approaches to delivering technical assistance actually found in the Department, ranging from traditional on-site visits, to rotational assignment of personnel, to use of various forms of technology. Many of these approaches are not traditionally viewed or defined as technical assistance, but examination of their use suggests that they serve a technical assistance function. Examples of all of these modes are found within the Department's repertoire.

Figure 2

Substance of Technical Assistance Efforts
Capacity Development
Compliance/Monitoring
Development of Partnerships
Development of Standards
Dissemination of Best Practices
Dissemination of Research and Evaluation
Interpretation of Regulations and Requirements
Leadership Development
Policy Leadership
Sharing of Experiences
Skill Development *e.g.,*
Research and evaluation techniques
Management techniques (includes planning)
Data collection techniques
Specific program knowledge
Process skills

Figure 2 displays the diverse substantive elements of current technical assistance efforts, indicating the range of assistance that is provided either directly or indirectly by the Department. The range of items included in this figure reflects the variety of federal roles that have emerged in recent years. Technical assistance is no longer limited to a compliance or monitoring role, but includes activities

that provide for a broad span of functions, including efforts to facilitate policy leadership and leadership development. A significant portion of the Department's technical assistance activities also focus on skill development of various sorts.

Figure 3 lists the various providers of technical assistance both inside and outside the Department. In many instances, the day to day provision of technical assistance is a responsibility of federal officials located either in headquarters or in regional or field offices. In other cases, the technical assistance is provided by groups outside of the Department who may be supported by federal resources. When formally involving others in the provision of technical assistance, the Department employs a range of forms; in some instances the arrangement takes the form of contracts, grants, and in other cases (although less frequently), cooperative agreements are used.

Although there are examples of all of these elements within existing programs in the Department, some are used more extensively than others. In the course of the deliberations of the Liaison Group, the operating divisions were asked to indicate which of these elements were predominant in their dealings with three types of customers of technical assistance: those inside the Department, the general public, and people or groups with whom we do business.

Figure 3

PROVIDERS OF TECHNICAL ASSISTANCE
Contractors and Consultants*
Experts
Facilitators
Federal Officials
Headquarters
Regional Offices
Field staff
Intermediary Organizations
National organizations
State and local organizations
Non-profit Organizations
Peers
State and Local Officials

**The term contractors is used generically to refer to contractors, grantees as well as recipients of cooperative agreements.*

As the figures in Appendix 1 indicate, HHS operating components utilize different delivery modes, highlight different substantive areas, and rely on different providers, depending on the customer with whom they are dealing.

Internal HHS customers are largely contacted by E-mail in response to questions. The most common technical assistance provided internally involved interpretation of regulations and requirements. It is given most often by federal officials in headquarters to other Department staff, often in regional offices. Toll-free phone numbers and technical assistance provided in response to questions are also common.

When providing technical assistance to the ***general public***, HHS agencies rely on publications and other ways that serve to disseminate best practices, interpret regulations and requirements, disseminate research

and evaluation, and provide opportunities for sharing of experience. This form of technical assistance is provided by federal officials in headquarters and the field as well as by contractors or consultants.

Technical assistance provided to ***people or groups with whom the program component does business*** has a wider range of delivery modes, including conferences, responses to questions, on- site visits, hosting or convening meetings and peer-to-peer efforts. The substance of technical assistance to this group emphasizes development of partnerships, skill-building, and capacity development. Federal officials, found in headquarters as well as regional offices, play prominent roles as providers of technical assistance; in addition, contractors, consultants, and peers are frequently used to provide assistance.

Because the Department's stakeholders are so diverse, it is not surprising that the range of types of technical assistance modes, substantive approaches, and providers is so great. In some cases, long-term relationships with stakeholders must be supplemented by efforts aimed at other players. For example, the Department is increasingly aware of the role of state legislatures in the implementation process for many program areas; however, traditional technical assistance relationships have focused on contacts with individuals from state level executive branch agencies.

Through its assessment of the technical assistance experience in the Department, the Liaison Group did not conclude that any one mode, substantive approach, or provider was more effective than another. There are times when it is appropriate for programs within the Department to reach out to their various customers; there are other times when it is suitable for program units to respond to external requests for information and assistance. It is not clear whether there may be role confusion when a single technical assistance provider attempts to engage in activities that have several substantive foci; e.g., they focus on compliance and monitoring and, at the same time, highlight capacity development approaches. Given the recent changes in the federal role in many programs, the agencies charged with program implementation may be balancing several seemingly conflicting agendas. The challenge is to determine the most effective way to provide technical assistance in any particular program activity.

Technical Assistance in HHS: Some Patterns

As these examples indicate, the Liaison Group found that there are many parts of the Department that have crafted effective technical assistance activities that are appropriate to their program areas and the particular user of the assistance. We highlight five areas of strength:

Use of Regional and Field Offices

While sometimes unacknowledged, the Department's regional and field offices are often the primary source for addressing the needs of the Department's partners, including states, local governments, tribes, and other grantees. The technical assistance provided at the regional and field office levels tends to focus on program or grant operation and is designed to help the Department's partners design, plan, implement and evaluate their programs.

Interagency Efforts

There are examples of technical assistance efforts that reach beyond the concerns of a single organizational unit and stress collaboration or coordination with other parts of the Department. This collaborative approach can take the form of joint funding of technical assistance, joint planning, or use of models that can be transferable to other parts of the Department. Technical assistance that is directed to users inside the Department also exhibits cases of cross-agency involvement.

Involvement with External Customers

While these efforts are inconsistent throughout the Department, some programs have attempted to formalize involvement with their external customers as they design, operate, and evaluate their technical assistance efforts. The AHCPR User Liaison Program is one of the best examples of this commitment. A variety of techniques have been used to accomplish AHCPR's involvement: focus groups, conferences, meetings, and customer feedback forms.

Availability of Expertise Within Departmental Staff

In a number of areas, HHS employs individuals who are premier experts in their fields. These individuals are regularly called upon by outside groups for their technical expertise.

Use of the World Wide Web

Use of this technology has spread fairly quickly throughout the Department. While still underutilized, this technology is becoming an extremely valuable mechanism for providing technical assistance. Approximately two-thirds of the clearinghouses[1] funded by the Department have an Internet presence.

[1]*Although there are many different types of clearinghouses, most serve as a national focal point for information in a particular subject area. As such, the clearinghouse facilitates networking among practitioners, service providers, program planners, researchers, and consumers.*

FINDINGS

Despite these successes, the Liaison Group identified a number of weaknesses that compromise the Department's ability to provide effective technical assistance to its multiple customers.

Lack of Systematic Customer Feedback

With a few exceptions, agencies are passive about getting feedback from customers related to the planning, operation, and evaluation of technical assistance efforts. Therefore, we do not know how well our current technical assistance programs meet customer needs.

Continuation of the Compliance Mentality

Although some program components have moved into a partnership facilitation mode of operations, many have not. There are a number of reasons for this, some having to do with the construct of specific programs that require a compliance approach. When agencies have made this transition, it is usually because they have invested in training and developing staff capacities to move out of the compliance mentality.

Failure to Undertake Systematic Evaluation of Technical Assistance Efforts

Despite the widespread use of various forms of technical assistance, there have been few serious evaluations of these efforts. In some cases, contracts, grants and cooperative agreements have been continued without a regular assessment of their effectiveness.

Lack of Visibility for Technical Assistance Efforts

Lack of attention to technical assistance efforts within some operating divisions and in the Department as a whole has made it difficult to obtain resources for these activities. Resources that may be required include budget allocations for training of current Departmental staff as well as development of non-fiscal rewards for activity in this area.

Variability in Access to and Use of Internet

The Internet will be increasingly important as a delivery mode for technical assistance over the next decade. However, at present its utility is limited both by internal HHS factors and the fact that many grantees do not have access to the Internet. Both deserve priority attention since the technology has such a high potential to deliver high quality, low cost technical assistance and training. The Liaison Committee found that at least a third of the clearinghouses supported by the Department do not have an Internet presence. In addition, few of the rest of the clearinghouses have an interactive ability; thus, they are not used to facilitate interactive communication. Within the Department, there are program offices and staff that do not have the ability to access the Internet, even if they support on-line activities. Similarly, states vary significantly in their ability to communicate via Internet technology. At the same time, it is important to acknowledge Internet limitations. In many instances, telephone or personal exchanges are more appropriate.

Inability to Define Areas of Possible Overlaps

Some operating divisions provide technical assistance to the same customer, albeit through different funding or program streams. However, there is no way in the Department to identify these efforts and to determine how existing resources might be used more effectively to complement rather than simply duplicate technical assistance efforts. Collaboration possibilities are found both within Operating Divisions as well as between Operating Divisions.

No On-Going Mechanism to Share Information and Experience within the Department

The Liaison Group found that the deliberations of the group provided an unusual opportunity for individuals to share information and experience about technical assistance programs and activities. However, this opportunity has not been institutionalized. Without some Departmental attention to this need, these conversations may stop and contacts made during the past few months will stay at only the informal or personal levels.

Recommendations for Future Action

The recommendations that have emerged from the Liaison Group follow several strategic approaches. Several of these approaches call for action from the Office of the Secretary; others recommend changes in the way that the operating programs think about technical assistance.

The Leadership Role of the Office of the Secretary

This strategy calls for activities that would provide attention to technical assistance as an important instrument of federal policy.

Specific actions here might include:

Highlight the importance of technical assistance in the accomplishment of the Department's goals.

Given the changing federal role in many of the Department's programs, it is important to highlight these activities both inside the Department and eventually in the Office of Management and Budget (OMB) and the Congress. At the present time, technical assistance is too often an underappreciated federal instrument. Senior staff managers might be encouraged to think about the ways that technical assistance supports program and Departmental missions and goals. These new ways would include activities at a community, state, or national level.

Because there is so little attention to technical assistance, too few staff in the Department are aware of creative and effective activities that are already in place. The staff who are involved with these efforts sometimes feel that they are not valued. The Department is fortunate that existing programs are already in place that serve as a base for future activities. A secretarial award for effective or creative technical assistance might be given each year.

Highlight the important role of Regional Offices in the technical assistance process.

Regional office staff have already been serving an important function in the technical assistance process. The potential of using them further has been recognized in the deliberations of the Children's Health Care Initiative preliminary implementation plan where regional office teams would be created (called Secretary's teams) to work with state partners. The most recent report of the National Performance Review (called the Blair House Papers) has also emphasized the potential of moving some functions out of headquarters to regional offices. Regional Directors have the potential to be leaders in facilitating technical assistance in their regions.

Highlight the role of technical assistance in achieving goals of existing departmental initiatives.

This strategy would link concern about technical assistance activities to existing efforts within the Department.

Establish linkages to efforts involving the Secretary's Policy Initiatives.

The six working groups that are charged with developing detailed strategies for various policy initiatives

might consider ways that technical assistance might assist in achieving policy goals. The efforts of the Children's Health Care Initiative might be used as an example of this linkage.

Build on the efforts of the Customer Service Work Group.

Attention to service standards for HHS's partnership with its grantees provides the basis for attention to the role of customers in the planning, operating and evaluation of technical assistance.

Establish linkages with the training efforts in the Quality of Worklife Initiative.

The new roles for Departmental staff require attention to staff capacity. Thus, it is important to invest in training that will help staff make the transition from more traditional approaches to their jobs. Specific training requirements (most of which will be at the operating division level) might be developed as a next stage to this process.

Build on the work done through the Internet Gateway Project and highlight the availability of technical assistance resources on the Internet on high priority issues.

It is possible to establish a Web presence on the HHS home page for technical assistance activities related to the Secretary's priorities. (These would change over time to reflect priorities). Current issues might include:

- AIDS
- Quality health care/managed care
- Welfare to work
- Tobacco -- especially teens and preteens
- Drugs: teen marijuana
- Children's Health Care Initiative

The creation of the Gateway for Partner Organizations has provided a category for best practices and technical assistance; however, there is a need for a sustained and continuing look at maintaining this function. Clear expectations should be established for use of the Internet capacity.

Use Existing or Create New Venues for Discussion of Technical Assistance Issues

This strategy would focus on ways that normal administrative processes might be used to emphasize the technical assistance issue. It would also call for the creation of new processes within the Department.

Focus on resources for technical assistance in the Budget Review Board deliberations.

Operating Divisions might be asked to discuss their major programmatic investments in technical assistance when they make their submissions to the Budget Review Board. This information could include investment decisions in the form of grants, contracts, or cooperative agreements.

Create ways to facilitate and continue information exchange in the Department.

The interest in these issues through the Liaison Group delibera-

tions suggests that the momentum that was developed over the past few months should be continued. Regular events or specialized meetings focused on sharing experience and information might be scheduled. However, without a dedicated staffing capacity, an ongoing committee would be difficult to maintain.

Develop Models of Approaches that Might Be Used in Various Operating Divisions

This strategy would draw on existing experience within the Department and provide ways for individual programs or Operating Divisions to utilize that knowledge.

Create a set of materials that would provide examples of effective technical experience in different settings.

This would create a framework that would allow consideration of different approaches to technical assistance to meet different goals. Such a framework would begin with the typology developed by the Liaison Group and would relate the three elements of that typology: mode of delivering technical assistance, substance of the effort, and provider of the assistance.

Highlight particularly effective forms of technical assistance found in the Department.

There are a number of examples of effective efforts (such as the User Liaison Program of AHCPR) that could be highlighted. Other Operating and Staff Divisions should be encouraged to use or emulate these efforts. In addition, there are efforts focused on peer-to-peer approaches as well as collaborative activities in headquarters as well as the Regional Offices that appear to be particularly useful as models.

Support experiments of new ways to deliver technical assistance.

Several ideas have been advanced that would demonstrate new approaches to technical assistance. One effort might involve the Regional Offices (particularly the Regional Director), working with states in a region. Another might involve collaborative efforts across programs (either within one Operating Division or across Operating Divisions). These might include demonstration efforts at a community or state level.

Support evaluation of techniques such as peer-to-peer technical assistance.

Peer-to-peer technical assistance is a growing area of interest in the Department. However, there is little information on the situations in which it is most effective and suggestions for delivery approaches.

Create a Check list that Operating Divisions Can Use in Planning Their Technical Assistance Efforts

This strategy would focus on the ability of Operating Divisions to craft technical assistance programs that meet the new demands on the Department. Such a check list could be used within the Operating Divisions to highlight both current and potential

technical assistance activities. The check list might include:

- Customer feedback for planning
- Mechanism for evaluation and defining effectiveness
- Mechanism for soliciting comments on utilization patterns
- Identify other parts of Department that might be involved in a program or issue (or possibly other Departments)
- Define areas of possible collaboration with groups, associations, external providers in the planning, operation and evaluation of technical assistance.
- Determine ways to use the Internet
- Establish links to GPRA process
- Define training needs

CONTINUE TO WORK ON THE TECHNICAL ASSISTANCE ISSUE, FOCUSING ON AREAS THAT REQUIRE ADDITIONAL EXAMINATION

This strategy recognizes that the Liaison Group's activities constitute a beginning point on this issue. However, a number of questions remain in several areas.

Examine the growing demands for Departmental involvement in the provision of technical assistance in international areas.

HHS is increasingly called upon to provide technical assistance internationally, but it is limited in its ability to do so by the statutes that define our international role and by the shrinking resources of USAID.

Explore new types of technology that might be used in the future (E.g., videoconferencing facilities in Regional Offices and state government offices).

While it is difficult to obtain resources for these technologies, they do provide a substitute for other, more expensive technical assistance delivery modes. The EZ/EC network, for example, is linked across the country through videoconferencing facilities used by HUD and provided by USDA. These possibilities should be explored further.

Identify and assess the structural obstacles to collaboration in technical assistance provision.

One such obstacle in the organization of collaborative technical assistance may be differing requirements regarding the financial management form (e.g., one program can only establish arrangements through contracts, while another is limited to cooperative agreements). It is not clear whether these (or other) issues are serious obstacles to collaborative activities. Attention should be given to examine these possible contracting limitations.

Examples of Current HHS Technical Assistance Efforts

The following examples of technical assistance activities already in place in the Department illustrate the variety of efforts examined by the Liaison Group. Although the Liaison Group did not attempt to develop a complete inventory of activities, these examples provide a sense of the array of approaches currently underway. More extensive examples are found in the reports of the working groups contained in the appendix. The examples are provided in two categories: those that emanate from headquarters and those that are found in regional office settings.

Headquarters Examples

Examples of Different Modes of Delivery

Training to Facilitate Compliance

The Office of Regulatory Affairs, *The Food and Drug Administration*

The Food and Drug Administration (FDA) was not satisfied with the results from its inspection process involving medical gas in Florida. To address this problem, FDA's Office of Regulatory Affairs worked closely with representatives of the industry and organized training sessions for those who were subject to the federal requirements. As a result of this activity, the compliance rate was improved considerably so that resources were better focused on noncompliance firms.

Providing Training for Program Units Inside the Department

The GPRA Roundtable and Training Efforts, *Assistant Secretary for Management and Budget*

Anticipating the requirements of the Government Performance and Results Act (GPRA), the GPRA team inside the Office of the Assistant Secretary for Management and Budget (ASMB) has been assisting operating and staff divisions to gear up for compliance. This was done in several ways -- through the creation of the GPRA Roundtable (a setting that allowed program staff to share experiences) and through the facilitation of training efforts for specific components.

Free Standing Clearinghouses and Centers

The National Mental Health Services Knowledge Exchange Network, *Substance Abuse and Mental Health Services Administration*

Sixteen centers are supported by the Center for Mental Health Services. These centers provide a range of services to service providers as well as members of the general public. Some offer direct consultation with grantees; others conduct training programs; and still others focus on research dissemination and synthesis. Centers communicate with their customers through multiple means, including the Web as well as publications and reports.

Linking International and Domestic Research and Training

The HIV/AIDS Program of the Fogarty International Center, *National Institutes of Health*

The National Institutes of Health (NIH), through its Fogarty Center, has trained more than 25,000 developing country experts and scientists under its AIDS International Training and Research Programs. The National Institute of Allergy and Infectious Diseases (NIAID) is supporting a range of prevention research; much of this work is being carried out overseas via collaborations between US and host-country institutions.

Multimedia Training Efforts

Replicable Training Using Hi-Tech Methods for Economy and Customer Convenience, *Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration*

The Center for Substance Abuse Prevention developed a multimedia product for the staff of health care systems, such as managed care organizations and hospitals. Video, audio, graphics, still photographs, and text make up the self-instructional, interactive learning experience tailored to the user's job within the health care system. The product emphasizes users' roles and responsibilities in the prevention of substance abuse. Training occurs whenever the customer has time.

Providing Workshops for Grantees to Support Program Requirements

The Office of Protection from Research Risks, *National Institutes of Health*

NIH regularly holds workshops on protecting human research subjects for investigators and other persons with an interest in research involving human subjects. Participants in these workshops include members of the required Institutional Review Boards in grantee organizations. NIH utilizes questionnaires and other means to secure customer feedback on the quality of its efforts.

Utilizing the Internet to Communicate with Stakeholders

The NIH Guide for Grants and Contracts, *National Institutes of Health*

NIH has been delegated authority to publish its official notices in the NIH Guide to Grants and Contracts. These are notices that would otherwise appear in the Federal Register. The Guide is accessible through the NIH home page on the World Wide Web. NIH's Computer Retrieval of Information on Scientific Projects (CRISP) system, a database of information on projects funded by the NIH and other HHS agencies has search and retrieval capabilities and is also available through the NIH home page on the World Wide Web.

A Resource Page for Practitioners and Other Professionals in Aging, *The Administration on Aging*

The Administration on Aging (AoA) lists background and contact information for the technical assistance resource centers supported by the agency. This provides online access to the ElderCare Locator data base and is hyperlinked to the directory of state agencies on aging.

Documents Related to Welfare Reform, *Administration for Children and Families*

A comprehensive and current collection of documents aimed at aiding states in developing and submitting plans for implementing Temporary Assistance to Needy Families (TANF).

CDC Wonder, *Centers for Disease Control and Prevention*

CDC Wonder is an information exchange system that provides for peer-to-peer technical assistance. This Internet website allows local health departments to post documents and solicit feedback. Various Centers for Disease Control and Prevention (CDC) databases and report catalogues are accessible to health officials at all levels of government.

Home Page, *The Food and Drug Administration*

This home page serves as a comprehensive guide for all who have business with the agency. Statutes, regulations, application information, news releases, major speeches, and other industry and consumer guidance are available in a timely and user-friendly format.

Home Page, *Health Care Financing Administration*

This home page provides an easy-to-use form for electronically submitting questions on Health Care Financing Administration (HCFA) programs, particularly Medicaid and Medicare. It also provides downloadable professional and technical publications, databases of statistics, indicators and links to relevant laws and regulations.

Home Page, *Agency for Health Care Policy and Research*

This home page provides easy access to health services research findings and products for consumers, health professionals, researchers and policymakers in user-friendly formats. This site was the Department's first electronic catalogue with an electronic order form for products from the Agency for Health Care Policy and Research (AHCPR) Clearinghouse.

PrevLine, National Clearinghouse for Alcohol and Drug Information, *Substance Abuse and Mental Health Services Administration*

This system provides forums for grantees and affiliates to discuss pertinent substance abuse issues. It also includes online searchable databases of substance abuse prevention materials and a calendar of upcoming conferences.

Home Page, *Gore-Chernomyrdin Health Committee*

This home page provides guidance on the content of this highly visible collaboration with Russia and guidance to American and Russian users on how to access relevant program information.

Examples of Different Substantive Approaches

Focusing on the User: Dissemination of Research Efforts

The User Liaison Program to State and Local Policymakers, *Agency for Health Care Policy and Research*

This program translates, synthesizes, and disseminates health services research findings in easily understood and usable formats to state, local, and federal policymakers via non-prescriptive and interactive workshops. These workshops are user-driven and user-designed. State and local policymakers are actively engaged in each step of the process. They employ expert meetings, agenda development and agenda review meetings, workshop rehearsals, and workshop evaluations in this process. Approximately 12 to 15 workshops and three to four expert meetings are held each year.

Technical Assistance Tied to a Block Grant

Technical Assistance in the Child Care Bureau, *Administration for Children and Families*

Technical assistance attached to the Child Care and Development Block Grant program is based on a partnership strategy that involves grantees and groups interested in child care through the establishment of working groups advising the technical assistance contractor. Supported by a .25% set-aside, the effort involves convening regular meetings of various stakeholders in the program, as well as the creation of a central point for child care information for states, territories, tribes, policymakers, child care organizations, providers, parents, and the general public.

A Network of Technical Assistance Providers

The Head Start Program, *Administration for Children and Families*

The Head Start program has had a long history of investment in technical assistance and training. Approximately $70 million has been allocated to this function, half of which goes directly to grantees and the other half of which supports a network of entities to provide a range of services. Sixteen Technical Assistance Support Centers and twelve Resource Access Projects constitute the main elements of the system. In addition, the program has created an On Site Peer Review Instrument to structure on site peer reviews. A wide variety of stakeholders are involved in evaluating and modifying the current process.

An Interagency Approach

The Empowerment Zones and Enterprise Communities Program (EZ/EC)

This program is a federal government-wide effort that seeks to assist economically and socially distressed areas and, at the same time, test new roles for the federal government in working with a range of governments and community-level groups and individuals. Although HHS is not one of the primary Departments involved in the effort, it has attempted to provide assistance to EZ/EC communities through a case management approach. The regional directors and the headquarters team work with specific communities helping them get the answers they need and assisting them as they work through the HHS bureaucratic maze. While no new resources are created to meet these needs, the facilitation approach stretches the capacity of the existing resources to meet the communities' needs.

An Early Warning System

The Prevention Problem Identification and Resolution System (PPIR) of the Consolidated Health Centers, *Health Resources and Services Administration*

This technical assistance effort was designed to help grantee organizations prevent problems or, if needed, a process to resolve problems. This process was designed to respond to the needs of Community Health Center grantees and, at the same time, institute effective monitoring procedures. The process was designed with suggestions and ideas from center participants, state primary care associations, regional offices, and technical assistance consultants. It uses a performance indicator system to trigger a response.

Collaborating with Stakeholders to Define Performance Measures

The Dental Program, *Indian Health Service*

Responding to the requirements in GPRA as well as requirements for tribal consultation, the Indian Health Service (IHS) worked collaboratively with tribes to define performance measures for its dental programs. The partnership approach established measures for process, outcome, and impact objectives (such as access to services, the number and type of services provided, and level of disease control). The National Indian Health Board will also be involved in future activities.

Examples of Different Providers of Technical Assistance

Working with States to Disseminate Best Practices

The State Guide for Best Practices in the 1115 Health Reform Demonstrations, *Health Care Financing Agency*

HCFA has entered into a contract with the National Governors' Association to create a manual that will help state Medicaid agencies with development and implementation of statewide health care reform demonstrations.

Providing Technical Assistance by Assigning Staff to State or Local Governments

The Public Health Advisors, *Centers for Disease Control and Prevention*

The public health advisors of CDC provide technical assistance to state and local governments through placements in those agencies. These individuals provide assistance to state and local health departments for program planning, implementation, and evaluation. Sometimes they provide direct patient services, supervise staff, or participate in operations management. More than 600 individuals are now serving in these capacities.

Staff Providing Training on the Governmental Performance and Results Act (GPRA)

Headquarters Staff, *Indian Health Service*

A team of individuals from IHS headquarters provided training and technical assistance to Area Offices and Tribal Leaders and Programs on GPRA and its relationship to the IHS budget formulation process. A two-day training package was provided to each area office, focusing on the role of tribes and tribal organizations in establishing priorities for the IHS budget.

Federal Staff Support to Intermediary Organizations

Support to Multilateral Health Organizations, *Office of Public Health and Science*

The Office of International and Refugee Health, within the Office of Public Health and Sciences (OPHS), working with other Public Health Service agencies, has a long history of cooperation with and assistance through specialized agencies of the United Nations systems, particularly the World Health Organization, the Pan American Health Organization, and UNICEF. Department experts assist in establishing international standards and guidelines and provide assistance for specific health programs.

One-Stop Advice Shopping for Grantees

Program Consultants, *Centers for Disease Control and Prevention*

Program staff are based at CDC headquarters. These staff members manage grant awards and are a direct resource for grantees through the life of the grant. They monitor the project's progress, provide consultation in planning, implementing and evaluating the project, and serve as the CDC liaison to the project.

Regional Office Examples

Examples of Different Modes of Delivery

A Problem-Solving Approach

Regional Office Activities, *Administration for Children and Families*

Administration for Children and Families (ACF) regional offices have initiated a series of problem-solving facilitation activities in regional offices to foster the development of joint strategies between HHS and state and local and other grantee partners. In Region IX, the regional office has worked with state Head Start associations, grantees, and technical assistance contractors to respond to the new federal welfare reform legislation.

Training State Staff

Training by Regional Nutritionists, *Administration on Aging*

AoA regional nutritionists provide training to state agencies on aging staff in the areas of food sanitation, food service management, nutrition education techniques, commodity food usage and meal quality standards. The nutritionist in Region I has helped states design training programs for their nutritionist staffs.

Facilitating Meetings

Field Representatives, *Indian Health Service*

IHS field staff facilitate meetings between state governments, local governments and tribal leaders. Officials were brought together in Region VIII to develop a breast and cervical cancer screening program for Native American women.

Examples of Different Substantive Approaches

Providing Policy Information and Leadership

Welfare Reform Activities, *Regional Directors' Offices*

The Department and states are working closely together to implement the requirements of the 1996 welfare legislation. Much of the work providing information and coordinating activities related to welfare reform is occurring through regional offices. HHS Regional Directors have organized briefings and consultation with state, local, and tribal officials, involving representatives of other federal agencies in the region.

Negotiating Regional Compacts

Child Support Enforcement Activities in Region I, *Administration for Children and Families*

The Region I ACF office has facilitated an agreement with the six New England states and the regional office to collaborate on region-wide and state specific strategies for improving the child support enforcement program throughout the region. This "compact" includes computer matching of caseloads, expediting interstate enforcement, and identifying and sharing model legislation.

Advising State Agencies on Program Requirements

Medicaid Staff, Regional Offices, *Health Care Financing Administration*

The regional offices of HCFA provide technical assistance to state Medicaid agencies on all types of issues involved in the program, including services, eligibility, coverage, computer systems and managed care. Staff work with states to develop waiver proposals.

Facilitating Collaboration

Regional Health Administrators and Other Regional Staff

Collaborations and discussions across regional staff of operating programs, other federal agencies, and state, local and tribal governments have involved minority health coordinators, women's health coordinators and public health advisors. Region VIII established a Regional Interagency Immunization Group in response to implementation of the Vaccines for Children initiative. This group included representatives from HCFA, the Health Resources and Services Administration (HRSA), other Public Health Service agencies, ACF/Head Start, Women, Infants and Children (WIC) program in the United States Department of Agriculture (USDA) and the HHS Technical Support Center.

Examples of Different Providers of Technical Assistance

Advising Regulated Industries

The Small Business Representatives (SBRs), ***Food and Drug Administration***

Located in the regional offices, the SBRs provide personal consultation and guidance to businesses regulated by the FDA and assist them in meeting FDA requirements. SBR staff visit regulated industries, conduct site audits and provide technical data to industry representatives. In addition, these staff members organize and participate in educational seminars for businesses on FDA requirements.

Technical Assistance and Training Liaison Group

Beryl A. Radin, Co-Chair	ASMB
Susanne Stoiber, Co-Chair	ASPE
Linda Bailey	OPHS
Lloyd Bishop	HCFA
Linda Brown	HCFA
Kevin Burke	ASL
Norma Brinkley-Staley	HRSA
Al Byrd	AoA
Ron Carlson	HRSA
Michelle Chaffee	ASPE
Janet Cuca	NIH
Hossein Faris	ACF
Walt Francis	ASPE
John Friel	FDA
Chuck Gollmar	CDC
Jamie Kendall	ACF
Steve LeNard	ASPE
Jim Mason	IGA
Faith McCormick	IG
Winnie Mitchell	SAMHSA
Alan Myers	IHS
Terri Smith	HCFA
Linda Vogel	OPHS
Edwin Walker	AoA
Christine Williams	AHCPR

Appendix A

Operating Division Responses: Predominant Elements of Technical Assistance*

Figure 4

Customer: Individuals and Groups Inside HHS		
Modes of Delivery	Substance of Technical Assistance	Providers of Technical Assistance
E-mail (6)	Interpretation of regulations/requirements (6)	Federal officials--headquarters (8)
Response to questions (5)	Dissemination of research and evaluations (4)	Peers (6)
Peer-to-peer (4)	Dissemination of best practices (4)	Contractors and consultants--general (4)
Publications (3)	Sharing experiences (3)	Federal officials-- regional offices (3)
Conference calls (3)	Development of standards (3)	Contractors/consultants--experts (2)
Training (2)	Policy leadership (3)	Federal officials--both regional office and headquarters (2)
Hosting or convening meetings (2)	Skill development (2)	Contractors/consultants--facilitators (1)
Workshops (2)	Development of partnerships (2)	State and local officials (1)
Conferences (1)	Skills development: management techniques (1)	
World Wide Web (1)	Capacity development (1)	
On site visits (1)	Leadership development (1)	
	Compliance/monitoring (1)	

**Each of the Operating Divisions was asked to indicate the three predominate patterns of technical assistance for each of the three customer groups in each area. The numbers reported in Figures 4 to 6 indicate the number of operating divisions that reported the item as a predominant form of technical assistance. It should be noted, however, that the responses do not necessarily reflect the volume of use of any particular approach.*

Figure 5

CUSTOMER: THE GENERAL PUBLIC		
MODES OF DELIVERY	SUBSTANCE OF TECHNICAL ASSISTANCE	PROVIDERS OF TECHNICAL ASSISTANCE
Publications (9)	Dissemination of best practices (8)	Federal officials--headquarters (6)
Toll free phone numbers (6)	Interpretation of regulations/requirements (6)	Contractors/consultants (6)
Response to questions (5)	Dissemination of research and evaluation (5)	Nonprofit organizations (4)
Clearinghouses (3)	Sharing experiences (5)	Federal officials--general (4)
World Wide Web (3)	Compliance/monitoring (2)	Federal officials--regional and field (3)
Hosting/convening meetings (2)	Policy leadership (1)	State and local officials (3)
Conferences (1)	Dissemination of standards (1)	Intermediary organizations (2)
Catalogues of materials (1)	Development of partnerships (1)	National organizations (2)
Field assignees (1)		Peers (1)

Figure 6

CUSTOMER: PEOPLE/GROUPS WITH WHOM WE DO BUSINESS		
MODES OF DELIVERY	SUBSTANCE OF TECHNICAL ASSISTANCE	PROVIDERS OF TECHNICAL ASSISTANCE
Conferences (4)	Development of partnerships (6)	Federal officials--headquarters (6)
Response to questions (4)	Skill Development (6)	Contractors/consultants (5)
On site visits (4)	Interpretation of regulations/requirements (4)	Peers (5)
Hosting/convening meetings (3)	Compliance/monitoring (3)	State and local organizations (3)
Peer-to-peer (3)	Capacity development (3)	Federal officials--field and regional (3)
Conference calls (3)	Dissemination of best practices (3)	State and local officials (3)
Meetings (2)	Sharing of experience (3)	Federal officials--general (3)
Publications (2)	Policy leadership (2)	Intermediaries (2)
Newsletters (1)	Development of standards (2)	Contractors/consultants--facilitators (1)
Training (1)	Dissemination of research and evaluation (2)	
Clearinghouses (1)		
World Wide Web (1)		
Field assignees (1)		

Appendix B

Report of the Community Level Subgroup

Overview

The community level training and technical assistance subgroup was formed in September 1996 as a part of the HHS Technical Assistance and Training Liaison Group. That group was charged with looking at technical assistance and related issues across the Department and making recommendations to the Secretary on future directions consistent with the Department's emerging role as a partner with other levels of government. With these goals in mind, the community level subgroup was organized to examine Technical Assistance (TA) efforts within the Department which encompass "community level" work.

This report provides information on various community-level TA activities undertaken by various organizational components within the Department. It also discusses some preliminary findings in gathering information for this purpose.

Definition of Community

The group discussed several different approaches to defining community for the purposes of the subgroup. While no decision was reached on a single definition, the following options were seriously explored and, we believe, represent the full range of ideas:

1. A community exists or is formed when people consciously identify with one or more important areas of common interest and concern. Those interests may coincide with a neighborhood boundary; a town or city; or a professional, ethnic or cultural identity. In this sense, identification with any "community" is often an individual choice, allowing individuals to voluntarily belong to more than one community at any given time.
2. The community is an entity which can be vested with the responsibility and authority to plan and implement a variety of federal (and State) programs for the benefit and general well being of its members.
3. Community can be thought of in terms of the intended service population in a given geographic unit/ area.

Communities are often allowed to define themselves (depending upon legislative requirements); they generally do so based on a number of factors, including those indicated above. For example, the Office of Community Services (OCS) in the Administration for Children and Families (ACF) does not provide a specific definition of community in its

program announcements or regulations. Historically, the term community in OCS has been used to refer to populations linked (through interaction or participation) or living in a particular area at the local level (a geographic definition.)

Findings and Examples

The following examples of community TA models are consistent with at least one of the above definitions for identifying the community-level TA initiatives. The approaches described below highlight the substantial variation among TA delivery in HHS programs.

The Case Management Model

Empowerment Zones and Enterprise Communities

Description of the program

The Empowerment Zone / Enterprise Community (EZ/EC) Initiative is a federal government-wide effort with two primary objectives:

To assist 105 federally designated economically and socially distressed urban neighborhoods and rural areas in their efforts to bring about ***revitalization and growth***;

To serve as a ***vehicle for testing new, innovative, and unprecedented roles*** for federal government agencies and programs in working with state and local governments, other grantee organizations, and ultimately, community residents.

Revitalization and Growth

The EZ/EC Initiative explicitly acknowledges that communities themselves should be in charge of their own destinies, and it provides them the resources and assistance to formulate and implement strategic plans that address their own unique needs, tap their own assets, and enable self-sufficiency.

The EZ/ECs have written comprehensive strategic plans which were developed by them through an inclusive "bottom-up" process. In many instances, the plans are holistic, outcome-based approaches for comprehensive community, economic, and human development services. The local plans cut across disciplines and divisions to coordinate the efforts that communities must engage to help themselves -- to create jobs, support and preserve families, promote public safety, educate and train residents, provide health care, protect the environment, and so forth.

The federal government has pledged to provide resources and assistance to help the communities implement their plans. Specifically, the EZ/ECs receive:

- $1 billion in flexible funds which were appropriated to HHS for the EZ/ECs;
- Access to approximately $2.5 billion in federal tax incentives;
- Numerous forms of topical assistance provided primarily by USDA and HUD (the lead federal agencies for the initiative);
- Other technical assistance from many additional federal agencies; and

- "Special consideration" in many federal competitive grant programs.

Federal Vehicle for Establishing New and Innovative Approaches

Through the EZ/EC Initiative, the federal government is striving to test and establish new approaches for responding to its partners' and customers' needs. It is experimenting with new ways to interact with states, local governments, and communities in support of people in distressed areas.

This aspect of the Initiative is managed by the Community Empowerment Board, chaired by the Vice President and comprised of cabinet Secretaries and Directors of several federal government agencies.

HHS, in particular, is implementing an ambitious strategy for providing customer-based assistance (technical assistance, training, advice, etc.) to organizations at work in the EZ/EC areas.

Nature of the Technical Assistance

The Secretary has mobilized HHS staff at the regional and headquarters levels to give a coordinated response to the general and particular needs of all EZ/Ecs. Key individuals / offices in the department's strategy include:

HHS Regional Directors -- As the Secretary's representatives in the field, the HHS Regional Directors are the Department's point persons with the EZ/Ecs.

HHS EZ/EC Central Team -- The headquarters-based team, comprised of personnel on assignment from all components of HHS, works closely with the Regional Directors to support the EZ/Ecs.

Together, the Regional Directors and the Central Team provide labor intensive "case management" assistance to the EZ/ECs on a range of issues and topics, such as:

- Issues related to fiscal aspects of the HHS grant award. This function is quite similar to assistance that should be provided to grantees by other program offices (for example, clarifying reporting requirements, draw down procedures, audit issues, and so forth).

- Topical matters related to the EZ/ECs as a group or to the specific needs of particular EZ/ECs. Some examples of this broad category include:

- Identifying and facilitating the availability of technical resources from clearinghouses and resource centers (including those supported by HHS and as other organizations);

- Working with HHS program offices to assure that EZ/EC organizations have access to relevant HHS-sponsored training and technical assistance opportunities and conferences (including opportunities usually open only to grantees of specific HHS programs);

- Identifying the EZ/ECs' need for technical funding and working with appropriate program offices to consider ways to provide it;

- Facilitating negotiations between the EZ/ECs and particular HHS program offices concerning administrative issues which stifle the success of locally-based programs (such as reporting requirements which are unsuitable from the local perspective); and

- Directly providing technical assistance on health and human services topics or facilitating the provision of such assistance by experts (such as facilitating a conversation about teenage pregnancy prevention strategies between a particular EZ and national experts on that issue).

Strengths of the Approach

The Team's approach is client-based; the work agenda is based on the needs of the EZ/ECs. In many respects, the Team's work agenda is set by our primary clients -- that is, the areas of interest established by the EZ/ECs themselves.

The Team uses a case management approach which is focused on helping the EZ/ECs get the answers they need, rather than simply telling them what they must do to get the information they want. Team members serve as interpreters, guides, and counselors for the EZ/ECs. In a nutshell, the Team's approach reduces the need for community groups to understand the HHS bureaucratic maze.

The Team reaches throughout the Department to meet the multi-faceted needs of the EZ/ECs. It has the capacity to cut across program and agency boundaries to assist a locality attempting to deal with a specific issue or a set of issues. This approach has proven to be helpful to the localities, and it seems to be helpful internally to the department in that it leads to cross-program and cross-OPDIV collaboration.

The Team facilitates the use of existing HHS technical assistance resources by community organizations, and in doing so, it stretches the capacity of those resources to meet the localities' unique needs.

The Team has been able to help various parts of HHS coordinate in joint efforts to assist the EZ/ECs. Some examples include the following: the Team worked with the ACYF and ASPE to produce a video conference on youth development topics especially for EZ/ECs; it worked with ASPE, ACF, and BPHC/Bureau of Primary Health Care to establish a system for providing technical assistance vis-a-vis management issues for Community Health Centers in EZ/EC neighborhoods; and it worked with ASPE and ACF/Child Care Bureau to sponsor a forum on child care issues for Empowerment Zone representatives.

Obstacles and Problem Areas

The Team's case management approach is labor intensive and extremely time consuming. Clients think the work is great, but staff simply do not have the resources to provide a consistently high level of case management services.

It has proven to be very difficult for the Team to convince mid-level managers that the benefits of the case management approach out-weigh its costs in terms of staff resources.

The client-centered approach is inherently inconsistent with the normal HHS way of doing things. While the Team and the Regional Directors attempt to defer to the agendas of the individual EZ/ECs and to provide assistance according to their stated needs, the Department's usual approach is based on an agenda established within HHS. (This is at the root of the resources issue described above.)

It is difficult to plan precisely the quantity of staff time necessary for each "client" organization or topic. In some ways, the higher the quality of case management service, the more likely it is that clients will rely on us for assistance on other topics.

A Network Approach

Head Start

Description of the program

Head Start is a national program which provides comprehensive developmental and social services for America's low income pregnant women and children from infants to age five and their families. Specific services for children focus on education, socio-emotional development, physical and mental health, and nutrition. The cornerstone of this program is parent and community involvement. Members of the community serve on the executive boards of grantee agencies and on the Policy Council/ Committee. Approximately 1,400 community based non-profit organizations and school systems develop unique and innovative programs to meet specific needs.

Nature of the Technical Assistance

Currently, approximately 70 million dollars has been allocated for training and technical assistance in the Head Start program. Of these funds, 50% of the funding goes directly to grantees through Program Account 20. This gives grantees flexibility to use TA dollars where they best identify their own needs. The remaining 50% of the funds is spent on the activities funded directly through a variety of approaches including grants, contracts and cooperative agreements.

The goals of the Head Start programs training and technical assistance include the following:

- Enhancing program quality, with emphasis on fully meeting the Head Start Program Performance Standards and other requirements;
- Supporting expansion of the program while ensuring quality;
- Improving grantee fiscal and program management by promoting the concept of the management team;
- Improving Federal capacity to manage a greatly expanding T/TA system;
- Supporting new program directions and initiatives of the Advisory Board and the Administration;
- Supporting the refocusing of the responsibility for T/TA by the Head Start grantees; and
- Reducing fragmentation and enhance cohesiveness of a T/TA delivery system.

In addition to the project 20 funds, the current Training and Technical Assistance system is composed of a network of entities funded to provide various types of T/TA services to Head Start grantees and their staff. The main elements of the system are the 16 Technical Assistance Support Centers (TASCS) and the 12 Resource Access Projects (RAPS), which provide TA services for children with disabilities. The RAPS are for the most part university based.

The TASCs consist of approximately eight staff. Each TASC has a

specialist dedicated to parent involvement, social services, early childhood, technology, health, and early Head Start. Two National Training Contractors are developing foundation training guides and technical skill guides in these two components.

In addition to the TASCs and RAPs, a variety of other T/TA providers and activities are funded under contract with ACF, including (1) seven Head Start National Training Contracts (NTCs) covering disabilities, management, social services, education, parent involvement, transition, and health - charged with the responsibility of developing a set of skill-based training guides for Head Start programs and staff to draw upon in designing and implementing training and staff development activities to meet local needs; (2) fourteen Head Start Teaching Centers (1 in 10 of the regions and 2 in Regions IV and IX) in which exemplary Head Start grantees provide on-site, hands-on training for staff from other grantees; (3) the Child Development Associate Credentialing Program (CDA) which provides information, assessment, and credentialing for Head Start teaching staff; (4) the Head Start/ Johnson & Johnson Management Fellows Program which provides intensive management training for selected Head Start directors; and (5) an Early Head Start Training and Technical Assistance contract for grantees serving children ages birth to three and their families.

Some examples of services the T/TA system provides include:

- series of user-friendly, skill-based training guides for Head Start grantees;
- staff development;
- annual conferences focusing on specific components or initiatives;
- regional conferences;
- training specifically designed for new directors and coordinators;
- utilizing skilled consultant pools; and
- serving as a liaison with professional services deliverers.

Head Start has adopted performance standards which are used to evaluate the program's progress. Currently, new performance standards are under review. Additionally, a self-assessment is conducted each year, and every three years a federally-led monitoring team visits each program to conduct an on-site peer review, using a tool known as the OSPRI, or On Site Peer Review Instrument.

As compliance issues arise, they are referred to the training and technical assistance network. This training and technical assistance network conducts site specific evaluations of training and technical assistance. These evaluation results are included in quarterly reports to the Project offices.

Strengths of the Approach

The process the Head Start Bureau has put in place to improve the T and TA system is seeking input from a wide variety of stakeholders. TA system is currently under an improvement process, based on input from 15 focus groups with grantees and federal staff and is building on information already collected.

Head Start legislation drives the monitoring, ensuring that this will

occur at least once every three years, and that reviews will be comprehensive in nature. The peer review system utilizes a team approach composed of several integral perspectives, because the Head Start experience has shown that monitoring works best when there are peers and non-peers. The peers have the knowledge of current practices, while those on the outside bring a broader perspective to the work.

Obstacles and Problem Areas

- Although proven beneficial, the T/TA network still needs to be more fully integrated into the formal and informal monitoring processes and on site reviews.
- Head Start is struggling with the notion of systems: if programs have the ultimate responsibility to guarantee quality, how can the proper systems be put in place to ensure this will occur?
- Levels of compliance: OSPRI is yes/no, and does not address levels of compliance.
- There has been a tension between monitoring and pursuing improvement (accountability vs. quality).
- Following up with programs that have deficiencies has stretched the existing resources. In addition, Head Start does not systematically call for 1 or 2 of the people in the follow-up review teams to be from the original group, although this is happening more and more.
- An effort is being made to improve linkages between research results and the day-to-day practices of the Head Start program.
- In creating a new tool to replace the OSPRI, Head Start is being challenged with creating an instrument which will incorporate non-quantitative factors as well.

Future Directions

- Head Start is currently in the process of revamping its TA system in response to customer service needs in the following ways:
- Giving grantees a greater voice. The new system plans to look at how the grantees actually conduct their own program self assessment, and feed this information into the development of its regional T/TA system.
- Head Start is planning to establish a coordinating council which will provide linkages between local level T&TA activities to the state and national levels.
- Quality improvements will be made. The current system focuses primarily on addressing serious deficiencies and problems; however, efforts are under way to commit more time and resources to prevention activities in the future.
- A clearer articulation of roles and responsibilities will occur.
- Information sharing will take place on a more timely basis.
- Head Start seeks to improve efforts to increase the internal capacity of grantees.
- Improvements in information dissemination at the grassroots level will benefit all parties involved.

A Regional Focus

The Family and Youth Services Bureau

Description of the program

The mission of the Family and Youth Services Bureau (FYSB) is to provide national leadership on youth issues and to assist individuals and organizations in providing effective, comprehensive services for at-risk youth and their families. A primary goal of FYSB programs is to provide positive alternatives for youth, ensure their safety, and maximize their potential to take advantage of available opportunities.

FYSB administers the four major grant programs, listed below, that support locally based youth services. The first two comprise FYSB's Runaway and Homeless Youth Program.

Basic Center Program: FYSB funds youth shelters that provide emergency shelter, food, clothing, outreach services, and crisis intervention for runaway and homeless youth. The shelters also offer services to help reunite youth with their families, whenever possible.

Transitional Living Program for Homeless Youth (TLP): Developed in response to the longer term needs of older homeless youth, the goals of the TLP are to assist such youth in developing skills and resources to promote independence and prevent future dependency on social services. Housing and a range of services are provided for up to 18 months for youth ages 16-21 who are unable to return to their homes.

Education and Prevention Grants to Reduce Sexual Abuse of Runaway, Homeless, and Street Youth Program: FYSB awards additional resources to organizations serving runaway, homeless, and street youth to provide street-based outreach and education to prevent the sexual abuse and exploitation of these young people.

Community Schools Youth Services and Supervision Grant Program: Through this Program, created by the Violent Crime Control and Law Enforcement Act of 1994 (P.L. 103-322), FYSB makes grants to community-based, nonprofit organizations to provide after school, holiday, and summer activities for youth living in areas with a high incidence of poverty and juvenile delinquency.

Nature of the Technical Assistance

The Family and Youth Services Bureau (FYSB) funds 10 regionally based organizations to provide training and technical assistance (T/TA) to local youth services agencies. Each organization serves FYSB-funded Runaway and Homeless Youth projects in 1 of 10 Administration for Children and Families (ACF) Regions. This regionally-based T/TA network was first established by Congress by amendments (P.L. 95-115) to the Juvenile Justice and Delinquency Prevention Act of 1974 (P.L. 93-415). Today, through cooperative agreements with 10 regional organizations, FYSB supports a regionally-based T/TA provider system. Through this system, FYSB is able to track regional trends in youth and family issues, identify and share best practices, discuss emerging issues and sponsor conferences, workshops

and direct training and technical assistance.

Conferences

The T/TA providers organize regional and State-level conferences that address topics of interest to FYSB grantees, such as budgeting and personnel issues, trends in the youth services field, and effective practices. Conferences provide opportunities for grantees to network within their ACF Region. They also allow grantees to meet with Federal representatives to discuss programmatic issues and effective practices and to learn first-hand of pending Federal initiatives.

Workshops and Training

The T/TA providers plan workshops and training that address issues of concern to grantee staff. Topics may include strategic planning, parent-teen mediation, personnel management, or effective programs and procedures. Training events range from 1-2 day intensive skill-based training seminars to multi-day events with a variety of shorter workshops.

Other Technical Assistance

The T/TA providers assist grantees in conducting needs assessments and in the development of individualized plans for T/TA provision. Grantees typically are provided technical assistance through telephone or on-site consultation, special mailings and newsletters, Web Pages and resource libraries.

Strengths/Obstacles and Problem Areas

Because these are regional agreements, quality across the 10 regions is not equal. Some providers do a better job then others. Although grants are funded in the regional office, the cooperative agreements are funded out of central office; this requires extensive cooperation between CO and RO specialists. Adding to the complexity, the responsibilities for RHY grants are assigned differently across the regions (in some regions, certain specialists have only RHY grants; in others, grants (e.g. Head Start, RHY) are assigned geographically, such as by state teams.

The cooperative agreement recipients have received the awards over and over, and rarely do any other organizations respond when the agreements are up for competitive refunding.

Because these are cooperative agreements, not contracts, funds are not lost to profit and overhead expenses. The drawback is that the agencies cannot be used to deliver training to federal staff.

A Focus on Prevention

Community Health Centers and the Bureau of Primary Health Care's PPIR Process

Description of the program

The Community Health Center program makes grants to public and nonprofit private entities for the development and operation of CHCs. CHCs are located in areas throughout the country where there are financial, geographic, or cultural barriers to primary health care for a substantial portion of the population. Developed to empower under-served communities, CHCs respond to priority health problems such as high infant mortality,

and low immunization rates. CHC's also provide economic development in under-served communities, generating jobs, assuring the presence of health professionals and facilities and utilizing local suppliers. In FY 1995, the CHC investment generated nearly $3 billion in revenues for impoverished, under-served communities.

Nature of the Technical Assistance

TA through BPHC has come in a variety of ways including field office consultations and site visits, State/ Regional Primary Care Associations, State Primary Care offices and technical assistance contractors. The Prevention Problem Identification and Resolution (PPIR) process has been created by the BPHC to work with these efforts in order to clarify whether or not performance fluctuations signify serious problems, participate in and respond to diagnostic assessments of late-stage problems and correct problems that place the stability of the organization at risk. The PPIR process was pilot tested in community and migrant health centers during fiscal year 1996, and is now being implemented throughout the agency.

The PPIR Process: Prevention, Problem Identification and Resolution

The PPIR process is designed to achieve the following goals:

- recommend strategies which grantee organizations can follow to prevent problems
- provide grantees with minimal performance indicators that may enable them to identify problems before they become unmanageable
- afford grantee organizations a reasonable period within which to resolve problems
- implement an objective process of Federal intervention to resolve late-stage problems and to consider discontinuation of Federal financial support of a grantee that has been unable to resolve serious problems.

A Three Stage Process

- **Prevention:** seeks to minimize problems through organizational self-assessment and continuous quality improvement.
- **Problem Identification/Intervention/ Early Resolution**: Uses a performance indicator system to alert the grantee and BPHC that a problem exists and ensure timely intervention and early problem resolution.
- **Late Stage Problem Resolution**: An objective BPHC process for establishing a corrective action plan, imposing special conditions, issuing an exceptional grantee designation and/or making adverse funding decisions if late-stage problems remain unresolved.

Strengths of the Approach

The PPIR process came out of a sincere desire on the part of the Bureau to respond to the needs of its grantees and at the same time institute an effective monitoring procedure. It has been implemented as a result of suggestions and ideas from external focus groups which included participants from community/migrant health centers, homeless projects, State primary care associations, regional offices and technical assistance consultants.

The first stage of the process places the responsibility onto the grant recipients to methodically assess their organizational effectiveness on at least an annual basis and develop a plan for continuous quality improvement. A number of self assessment tools can be used including the Bureau's Primary Care Effectiveness Review (PCER) manual and industry protocols including accrediting organizations, managed care self-assessment tools, management and health associations.

The relationship between the grantees and the BPHC is a collaborative endeavor, focusing on partnerships. The federal project officer plays an important role in the prevention stage and throughout the PPIR process by providing consultation, support and assistance to grantee organizations. Part of the quality improvement plan in the prevention stage pairs the grantees up to provide mentoring to each other.

Obstacles and Problem Areas

Because BPHC resources are expected to decrease in the future, grantee organizations may need to begin to include a line item in their budget for technical assistance. It can be challenging to convince a grantee that this is a worthwhile expenditure when there are so many competing program uses for funds.

Trust was an issue with grantees at first, as they were concerned that federal staff involvement inherently signified a problem, rather than merely facilitating higher performance and quality.

All three phases of the PPIR process are to occur within 120 days, a difficult goal to meet in light of the limited staff resources at the regional level used to conduct the reviews.

No Formal Regional Involvement

The Community Services Block Grant Program

Description of the Program

The Community Services Block Grant was created by the Omnibus Budget Reconciliation Act of 1981. Under the CSBG States/Territories have the primary role in administering the CSBG funds which are used to support a network of approximately 1,500 local agencies (primarily Community Action Agencies) that plan, develop, implement and evaluate an array of programs to assist low-income individuals and families to promote self-sufficiency and community revitalization.

Local CSBG agencies administer a wide variety of Federal, State, and local programs, as well as initiatives undertaken in partnership with local businesses, charitable agencies and other public and private sector organizations to provide a variety of services and activities. The services and activities are designed to assist low-income participants, including the elderly poor to obtain and maintain employment, education, housing; to obtain emergency assistance, child care, nutritious food to counteract starvation and malnutrition; income management and/or broader activities to promote community participation and the

coordination and linking of other human services programs in the community.

Local CSBG subgrantee agencies are governed by boards; CSBG subgrantee board must include one-third of its membership from each of the following sectors from the area served - the low-income, business and appointed public officials.

The CSBG legislation places a number of funding restrictions on States, i.e., States must use 90 percent of the CSBG allocation for grants to a local network of eligible local CSBG service providers. Local service providers are required to develop community plans which include a community needs assessments and a description of: (a) the service delivery system, (b) a description of how linkages will be developed to fill gaps, (c) how funding will be coordinated with other public and private resources, and (d) outcome measures to be used to measures success in promoting self-sufficiency, family stability and community revitalization.

Nature of the Technical Assistance

The Division of State Assistance (DSA) is responsible for implementing the provisions of the Community Services Block Grant Act. States, by statute, are required to submit annual applications and make certain assurances, develop a state CSBG plan and address a number of requirements on the use and distribution and funds. There is no regional responsibility for the implementation of the CSBG program; however, regional staff when asked have been helpful in providing specific technical assistance at the request of the Office of Community Services.

As a general matter, it is and has been the practice of the DSA to allow States the maximum flexibility to interpret the statutory provisions of the CSBG Act, to develop, implement and polices and programs to carry out the purposes of the block statute and to evaluate results. DSA staff provides general technical assistance as a part of grants management, resolution audit, Federal response to telephone and written inquiries, and conduct of program implementation assessments.

Specialized technical assistance is also provided to States, national associations and individual State and local agencies to address specific needs: data collection, training, materials development, broad training, fiscal management, peer-to-peer assistance, sharing of best practices, CAA capacity building and Results-Oriented Management and Accountability (ROMA).

Strengths of the Approach

States and Community Action Agencies are allowed to develop and implement training programs which address their unique needs.

States and CAAs include scheduled training as a part of annual meetings to insure that a larger audience is included in training events supported with CSBG T/TA resources.

Through the identification of existing resources to meet the diverse needs of local community groups, TA capacity at the local level is being strengthened and developed.

Obstacles and Problem Areas

- Resources are too limited.
- The kinds of TA is limited to telephone calls, responses to crisis situations and we frequently have to rely on consultants.
- There is no formal evaluation of the effectiveness of T&TA.
- To rely on membership organizations to provide training and technical assistance, excludes individuals and agencies which are not included in the organization.
- The provision of T&TA is usually in response to a crisis rather than planned and proactive.

RECOMMENDATIONS

In addition to the suggestions for noted above, through our discus- s the workgroup came up with a nber of additional suggestions for strengthening TA in the Department:

- ***Need for TA should be identified as a separate component in grant applications***. This means that an applicant should justify the need for TA in terms of project objectives and implementation strategy, and provide a budget line item separate from other administrative expenses. Often, grantees fail to include TA as a separate item in their project applications.
- ***More formal evaluations of TA activities are needed***. When evaluations do occur, they are often sporadic and often lacking in objectivity. For example, self-evaluation may take place rather than through a third party evaluator for TA. Evaluations of TA should be shared with the contractor, but sent first to the project officers.
- ***Additional quality assurance must be built into TA systems, especially when using contracts***. For example, how do you ensure that contractors are giving out accurate information? One way to do this is to include project officers or other federal staff in training, conferences, and other TA which contractors provide to the grantees. Contracts should be checked for content review to guarantee that accurate information is being provided. The group felt that one of the best ways to ensure quality is through the institutional memory of the agency. As the experienced professional DHHS work force ages and retires, however, this valuable resource is likely to diminish significantly. Finally, National and State agencies and their local member organizations are also viable means of ensuring quality, and can play a meaningful role in this are.
- ***More collaboration among DHHS programs needs to occur***. It became clear, through our group discussions, that while each program's TA was in some respect unique and distinct from the others, there were also overlapping components and processes which could offer significant opportunities for collaboration at federal, State and local levels. Sharing this information more consistently will allow us to build on each others ideas and to increase program efficiency.
- ***Technical Assistance needs to be balanced between the National, State and Local levels***. It is important to

determine what TA services can be managed most efficiently at the local level (for example peer-to-peer TA) and what must remain at the National level (e.g., performance standards).

CONCLUSIONS

The Community Level Subgroup reached several conclusions about its possible next steps and future directions. These included:

- ***Additional involvement of OPDIVS across HHS.*** While the subgroup's work did bring together many different players across the department, there are additional programs throughout HHS on the community level, and we will benefit from learning about their T and TA experiences.
- ***Integration of our work with other subgroups.*** There is a need to develop stronger ties with other subgroups in order to share information and build on each other's work.
- ***Collaboration***. While our group has learned much about each other's technical assistance programs, we realize that there is much more to be learned not only within HHS but also across other agencies. Information sharing with the Departments of Education, Labor and Agriculture, Justice and US AID, for example, would be beneficial.
- ***Building on analysis already done***. What have the Inspector General (IG) and the General Accounting Office (GAO) identified as problematic or promising for TA not only in HHS but also in other departments? How are these issues different for block grants versus discretionary? What is going on with fraud and abuse in technical assistance?

Members of the Subgroup on Community-level TA

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Appendix C

Report of the Customers Subgroup

Overview

The Customer Subgroup examined the ways in which Department of Health and Human Services (HHS) agencies gather and use input from their technical assistance customers to make decisions about the type and quality of technical assistance they provide. The subgroup focused on ways in which agencies proactively seek out customers' advice on technical assistance related questions, and on ways in which existing data is applied to such questions.

There are many ways in which the Department and its components provide technical assistance to the American public. Publications, workshops the Internet, and other mechanisms provide general public information and data about programs, policies, and specific substantive domains. HHS agencies provide many different kinds of training and education programs for State and local agencies, constituency groups, and the general public. Finally, technical advice about substantive matters is provided to people and organizations. Selected examples of each of these types of technical assistance are listed in Section III, below. Furthermore, HHS agencies serve many different types of technical assistance customers. These customers include: the general public, other federal agencies, States and municipalities (health departments and food and drug officials), academic institutions, students, grantees, suppliers, health care plans and providers, the health care industry (manufacturers and insurers), and employers. Each agency has a different way of viewing and relating to its customers based on its mandate and activities.

The Subgroup identified several examples where customers are involved in the design and delivery of technical assistance activities; these are described in section IV. They include representative formal technical assistance programs, cooperative programmatic efforts to achieve programmatic goals, evaluation and feedback efforts, and customer "input" to program planning.

As Federal agencies become more involved in customer satisfaction activities associated with the National Performance Review, more and more examples will evolve. These activities should be catalogued, monitored, and assessed as they occur so that they may contribute to a more focused and comprehensive approach to technical assistance in the future.

FINDINGS

The Customer Subgroup identified many elements and examples of good technical assistance that is provided to customers of the Department of Health and Human Services. These fell into three general types: (a) data and information; (b) training and education; and (c) technical advice.

DATA AND INFORMATION

Agency for Health Care Policy and Research

AHCPR's User Liaison Program (ULP) offers several types of workshops to State and local policy makers. These workshops provide policy makers with research findings, program data and descriptive information related to the organization, planning, management, financing, delivery evaluation and outcomes of health services at the Federal, State and local levels. Ten to twelve workshops and three to four expert meetings are held in a fiscal year.

Centers for Disease Control and Prevention

CDC's Morbidity and Mortality Weekly Report (MMWR) series disseminates CDC surveillance data on disease outbreaks and health trends to more than 400,000 professionals working in public health, clinical medicine, infectious diseases, epidemiology, and the scientific media worldwide. MMWR is now available on the Internet.

Food and Drug Administration

FDA provides a comprehensive encyclopedia of written guidance (most available on the Internet) to regulated industry, health professionals, and consumers on questions of regulatory compliance, application procedures, policy development, and other topics.

Health Care Financing Administration

HCFA and AHCPR have entered into a joint project to use a beneficiary survey, developed by AHCPR, which will be required of all health plans after April 1, 1997 as part of an effort to provide data that potential and existing beneficiaries may use to compare plan quality.

HCFA is developing a State Guide for Best Practices in 1115 Waivers.

National Institutes of Health

In addition to its well-known Internet-accessible **Grateful Med** system for accessing and searching scientific literature databases, NIH has makes scientific databases available to researchers in epidemiology and genetics, among others. An example is the Internet-accessible Visible Human Project; this effort provides three-dimensional representation and computerized images of a male and female body for use both in research and in education at all levels from secondary through professional.

Through its Computerized Retrieval of Information on Scientific Projects (CRISP) system

(available on its Web page), NIH provides researchers and others with information on completed and ongoing

scientific projects supported by NIH grants, contracts, and other mechanisms.

Substance Abuse and Mental Health Services Administration

SAMHSA's National Mental Health Services Knowledge Exchange Network (KEN) maintains a website offering a profusion of information about mental health. Users can follow links to other sites, read new material, download information and evaluation tools for outcome measures, and order free publications from KEN's information and referral center. Among other services, KEN contains a mental health organization database, highlights publications on disaster services and crisis counseling, provides mental health links that connect to hundreds of organizations, produces a calendar of coming events, and provides easy access to mental health statistical notes from the federal government.

SAMHSA also develops and disseminates "update" packages, which address emerging needs in the field: these packets are disseminated both electronically and in hard-copy mailings.

SAMHSA, along with the Department of Justice's National Institute of Corrections, gathers, assesses, and provides information needed to design and render mental health and substance abuse services at key periods during the criminal justice process to service providers, corrections staff, local and State officials, and consumer and family groups.

Finally, SAMHSA develops and administers surveys to targeted populations and encourages staff self-evaluation of Technical Assistance programs and efforts.

Training and Education

Centers for Disease Control and Prevention

CDC facilitates the development of leadership skills among personnel in State and local health agencies through the Public Health Leadership Institute and State and regional leadership development programs.

It also provides long distance learning via video conferencing to public health workers in all 50 States, using the Information Network for Public Health Officials.

Food and Drug Administration

FDA provides training for personnel at the State level involved in retail food protection, seafood safety, milk safety through the HACCP system. Formal evaluations as well as informal feedback are part of these sessions.

FDA regularly initiates/participates in seminars, workshops and other meetings with regulated industry. Formal evaluations by participants occur in these sessions.

Health Care Financing Administration

HCFA conducted a conference in April of 1996 for States which have implemented Medicaid Managed Care to exchange ideas and experiences learned from their programs.

HCFA Provider Education: The Peer Review Organizations (PROs) provide information about how pro-

viders and managed care plans (in particular physicians and hospitals) can improve the quality of care they provide to Medicare beneficiaries. The technical assistance comes in many forms, including providing information about best practices, developing quality indicators, providing data about an individual's performance regarding recognized quality indicators, and working with providers to develop internal quality monitoring systems.

HCFA is the lead Agency for a highly-visible DHHS public education campaign directed toward Medicare and Medicaid beneficiaries. The goal for the program is to encourage greater use of HCFA's preventive health care benefits. Simple, customer-friendly health education messages and materials have been used to reach the maximum achievable targeted audiences.

National Institutes of Health

NIH sponsors workshops at regional and national meetings of research administrators on policies and compliance procedures related to the administration of NIH grants and contracts.

Workshops at minority institutions are held to inform faculty and students about NIH research and training grant programs and to teach them how to prepare applications for these.

NIH's Office of Protection from Research Risks regularly holds workshops for investigators and other persons with an interest in research involving human subjects, including members of Institutional Review Boards, on protecting human research subjects. The Office also holds workshops concerned with the protection of animals in research. NIH utilizes questionnaires, and others means to secure customer feedback on the quality of its efforts.

Substance Abuse and Mental Health Services Administration

SAMHSA conducts multi-disciplinary professional forums to foster debate and consensus on the "best practices" in both HIV and substance abuse prevention and treatment fields.

SAMHSA sponsors projects such as the Prevention Planning Guide that are specifically tailored for use without the need for formal training or the requirement for face-to-face contacts.

Technical Advice

The Agency for Health Care Policy and Research

AHCPR provides technical expertise and advice both in and out of the Federal Government on statistical issues in conducting large surveys, medical effectiveness and outcomes research, and other areas within the Agency's mission.

Food and Drug Administration

FDA maintains offices at Headquarters and in every regional office to provide informal guidance to regulated industry, particularly small business.

The Health Care Financing Administration

HCFA provides technical advice on actuarial methods; ways to handle, display and understand numbers and trends in numbers, ways to develop

theoretical and practical models of financial behavior in the health care and health insurance markets.

HCFA also provides analysis of data to legislators, the Department, and the Office of Management and Budget (OMB) to facilitate the legislative process and the partnership between HCFA and Congress.

Substance Abuse and Mental Health Services Administration

SAMHSA makes available people who specialize in evaluation, planning and topical areas to address specific initiatives such as evaluation design and systems operations, strategic planning, and integration of research findings into program operations.

EXAMPLES

AHCPR USER LIAISON PROGRAM CUSTOMER FEEDBACK

AHCPR's User Liaison Program (ULP) translates, synthesizes, and disseminates health services research findings in easily understood and usable formats to State, local and Federal policy makers through educational and interactive workshops. A unique aspect of the User Liaison Program is that the workshops are user-driven and user-designed. ULP's target audiences -- senior State legislators and their staff, governors' staff, State executive agency staff, local health officials -- are asked to:

- identify the key policy issues that ULP needs to address;
- indicate the specific questions that should be addressed during workshop sessions;
- critique presenters during rehearsals to assure that the information not only addresses State/local officials' policy concerns, but are clear, understandable and interesting;
- evaluate ULP activities.

In meeting the information and research needs of consumers, or "users" of health services research, the ULP also helps inform AHCPR, the Department, and the health services research community of the current and future information needs of key policy makers. ULP uses six mechanisms to involve customers in the program:

Biennial Planning Process

Since the early 1980's, the ULP program has invited its target audiences to assist in planning the agendas of workshops and technical assistance activities. This has evolved into a series of planning meetings which are held biennially and composed of a diverse cross-section of ULP participants. The involvement of State and local policy makers in this planning process is the hallmark of the "user-driven, user-designed" philosophy of ULP.

The process involves participants who are familiar with the ULP workshop format and representative of the range of those who attend ULP workshops. Two to three separate meetings of a cross section of State and local health policy makers are held to help develop ULP's activities for the next

two years. The meetings serve three purposes:

- to elicit reactions from State and local health policy makers on the current ULP workshop portfolio;
- to have State and local health policy makers identify important health issues that they will be addressing in the next two years; and
- to obtain recommendations for health policy topics that ULP should address over the next two years.

Expert Meetings

Expert meetings, which include researchers, policy/program officials, or health care practitioners, help identify the three types of information needs:

- What are the most pressing problems and overarching policy issues which policy makers should know?
- What is the important research which addresses these problems and issues?
- Are there successful programs which can serve as models for policy makers in confronting these issues? Are there examples of failed programs about which we should tell our audience?

Agenda Development and Review Meetings

ULP also holds workshop agenda development meetings for new workshops, and agenda review meetings for repeating workshops that need to be reassessed or modified to capture recent research and/or new Federal/State legislation, policies, and programs. The meetings include members of ULP target audiences who have attended previous ULP workshops and/or who have knowledge of specific topics.

Workshop Rehearsals

New workshop presenters go through a "dress rehearsal" of sessions, and members of ULP target audiences are invited to critique the presenters' materials and presentation style to ensure that the information not only addresses State/local officials' policy concerns, but is also clear, understandable (jargon and acronym free), and interesting. Presenters have commented on how valuable rehearsals are to better understand the information needs of State and local policy makers in "fine tuning" their presentations and anticipating the questions they will receive.

Workshop Evaluations

Participants are informed that ULP workshops for State and local policy makers are user-driven and user-designed and that the topics addressed are designed around issues and questions raised by policy makers during ULP workshops to make sure the program is giving policy makers the information they want, need and can use. Participants are asked to fill out customer satisfaction evaluation forms following each session of the workshop and a final overall evaluation form. Comments from participants are used to revise and shape workshop agendas.

Requests for State-Specific Workshops

Individual States frequently request technical assistance specifically tailored to their needs. The ULP works closely with them to meet these needs by assisting them in developing State-specific workshops. The cost of these efforts are shared between the State and

ULP (currently the State provides 75% of the cost and the ULP provides 25%).

State-specific activities are unique because the requesting State plays a large role in developing the technical assistance objectives and the composition of the target audience. For example, in May, 1996, ULP held a national workshop on "Providing Quality Services to Children with Special Health Care Needs Under Managed Care." At the close of the workshop, ULP was approached by State participants to make arrangements for them to remain an extra day to debrief on what they had learned and begin applying those lessons. Several months later, ULP was approached by the Georgia Department of Human Resources to conduct a workshop in June 1997 on "Providing Quality Services to Children with Special Health Care Needs Under Managed Care in Georgia."

Feedback on ULP Technical Assistance Activities and Publications

In 1996, ULP completed a technical assistance collaborative activity requested by the Association of State and Territorial Health Officials (ASTHO), and the National Association of County and City Health Officials (NACCHO) and the Association of Maternal and Child Health Programs (AMCHP). ASTHO requested assistance in designing a "tool" to help review and assess public health needs and roles in managed care. Each organization identified three members to work with ULP and its contractor, Health Systems Research, Inc. to develop such a tool. The result was an AHCPR publication titled Assessing Roles, Responsibilities, and Activities in a Managed Care Environment: A Workbook for Local Health Officials. The Workbook was disseminated to all State and Territorial Health Officers and local health departments with a joint letter from AHCPR and the respective associations. Feedback on the workbook has been very positive. All 100 counties in Illinois were invited to a training session on how to use the Workbook sponsored by the Illinois Lake County Health Department. Similar reports of the Workbook's use, effectiveness, and similar training sessions have been received from county health officials in Alabama, Minnesota, North Carolina, Texas, and Wisconsin.

HCFA Customer-Based Quality Improvement Projects

The Health Care Financing Administration (HCFA) and Peer Review Organizations (PROs) are responsible for the Agency's Health Care Quality Improvement Program (HCQIP). The primary goal is to work collaboratively with health care practitioners, health plans, and hospitals to monitor health care patterns, to identify opportunities for improvement, and to interpret and share with their partners information about current science and best care practices. PROs undertake collaborative projects with health care providers and/or beneficiaries to improve the processes and outcomes of care. The projects include beneficiary communication interventions when appropriate.

HCFA requested that each PRO submit a description of the one project that best exemplified their work in the HCQIP. The process HCFA used to

gather the information was to develop a multi-page questionnaire and distribute it to every PRO for a response. The questionnaire asked each PRO to describe the project, the intervention(s) used, the evaluation strategy, and the results. The Report summarizes the exemplary activities and provides a snapshot of exemplary PRO work at. Specifically, 47 PROs (92%) reported that an intervention had been implemented to improve care for the identified opportunity to improve care. An evaluation of the project's effectiveness in improving care in the identified area was reported by 18 PROs (35%); 13 PROs (26%) reported disseminating improvement project results.

In April 1996, HCFA compiled and published a national assessment of exemplary projects by Peer Review Organizations (PROs) to support the efforts of health professionals to improve care for Medicare beneficiaries. This report was distributed to the PROs and other HCFA partners.

Two examples illustrate the 4 step customer-based process for initiating improvement projects:

PROs' Diabetes Activities

Each PRO is required to carry out at least one quality improvement project designed to improve care provided to Medicare beneficiaries with diabetes. Most have commenced something, focusing on key aspects of care such as increasing the use of ACE inhibitors, raising the rate of eye care examinations and monitoring foot care to decrease amputations.

HCFA worked with PROs on two pilot projects to 1) assess the quality of care provided to Medicare beneficiaries in both the managed care and fee for service systems, and 2) design, implement and evaluate improvement strategies targeted at identified deficiencies.

- ***Medicare Managed Care Quality Improvement Project (MMCQIP)*** - This project involves 23 volunteer HMOs in 5 states (CA, FL, MN, NY and PA) and their PROs in a quality improvement effort begun in 1994. Ambulatory care data, both demographic and clinical, reflecting the provision of diabetes services were abstracted from the records of 300 Medicare enrollees from each of the HMOs and analyzed to identify specific opportunities to improve care. Each HMO then worked with its PRO to initiate an improvement strategy which targeted at least one area of deficient care. Many of the efforts were targeted at improving foot exam rates, some at improving annual dilated eye exam rates, and some at improving the frequency of glycosylated hemoglobin testing to monitor diabetes control. Each HMO's performance will be assessed in early 1998 to identify which interventions were most successful and should be disseminated.

- ***Ambulatory Quality Improvement Project (ACQIP)*** - This project includes 3 PROs and 300 volunteer primary care physicians from 3 states (AL, IA and MD) who treat significant numbers of Medicare diabetics. The PROs abstracted clinical data from the charts of about 25 patients from each of volunteer physicians to assess diabetes care. A number of opportunities for improvement were identified, and all participating phy-

sicians received information about their performance, compared with state peers participating in the project. In addition, approximately half of the physicians in each state received tool kits containing additional information and materials for improving care. Again, performance will be assessed in early 1998 to document changes in performance and the impact of two types of interventions (feedback alone versus feedback plus tool kits) on diabetes practice patterns.

HORIZONS Pilot Project

The mission of the HORIZONS Project is to document and disseminate successful health education and promotion strategies that measurably improve the status of African-American Medicare beneficiaries.

The first initiative under HORIZONS is to improve influenza vaccination rates of African-American Medicare beneficiaries and to build capacity to improve their health status in a systemic way. The project is a partnership between 8 PROs and 9 Historically Black Colleges and Universities (HBCUs) in AL, TX, TN, SC, MS, LA, GA. It combines the PROs' experience in conducting quality improvement projects with the HBCUs' experience in working with the African-American population to develop and implement community-level intervention strategies to measurably improve the health status of African-American Medicare beneficiaries. The campaign has used the following community interventions and are currently in the process of testing the effects: 1) direct mail; 2) media; 3) physician/provider education; 4) faith communities; and 5) public health departments.

The first year of the HORIZONS Pilot Project interventions has concluded. There will be an evaluation in year 2 of the interventions used to increase the rates of influenza vaccinations among the African-American Medicare population. The results of this evaluation will be used to improve interventions for the future. The evaluation will use Medicare claims data and a beneficiary telephone survey to establish the impact of HORIZONS interventions on the influenza vaccination rates. PRO staff and the Dallas RO will analyze the phone survey data with assistance from the CDC and will disseminate the findings.

NIH Office of Protection from Research Risks

In order to obtain immediate feedback and determine the overall effectiveness of its National Workshop Programs, NIH's Office of Protection from Research Risks (OPRR) has developed an evaluation process. This process consists of an evaluation instrument critique for each workshop that is completed by the workshop attendees and the faculty. This evaluation instrument is prepared by either OPRR or by the Continuing Medical Education Office of the major sponsoring institution. After each workshop, either OPRR or the major sponsoring institution tabulates the information from the critiques and prepares a Final Evaluation Report that summarizes the following:

- Background information about the workshop program, the attendees, and the faculty
- Evaluation objectives
- Summary of findings regarding the topics, speakers, and conference facility
- Suggestions/recommendations for future workshops and topics

SAMHSA Efforts to Garner Customer Feedback

In the SAMHSA Center for Substance Abuse Prevention (CSAP), an evaluation protocol is implemented to obtain customer satisfaction data on the quality of TA provided. TA reports are submitted after each TA activity by program staff and/or consultants. The reports assess the effectiveness of the TA activity and possible follow-up and are reviewed and approved by CSAP staff. Customers are contacted after the TA delivery to obtain their description of specific TA goals and accomplishments, measures of satisfaction with TA quality, rating of the consultant delivering TA, and a rating of the CSAP' Technical Assistance Services to Communities Project staff arranging the TA.

SAMHSA directly solicits opinions, preferences, and statements of priorities from states in an effort to obtain input during the development of meeting agendas and TA products. Illustrations are detailed below:

- ***Needs Assessment Compendium*** - Compendia were provided during Needs Assessment Meetings, so that additional state input could be incorporated into the document prior to its final dissemination.
- ***Focus Groups on Needs Assessment Products*** - SAMHSA conducted a Focus Group of Needs Assessment Contractors to determine how best to revise the Needs Assessment Compendium (eg., modify a into a database,etc.). During this process, the Field also provided valuable feedback on other needs assessment products that would be most useful to them.
- ***Prevention Planning Guide*** - Draft versions of the Prevention Planning Guide have been presented to a Workgroup of SSA Directors and their comments were instrumental in reshaping the format and focus of this document.
- ***Meeting Agendas*** - Contractors routinely poll state representatives, prior to scheduled meetings, regarding their particular needs and suggestions, so that these topics may be incorporated into the meeting agenda.

Customer feedback is routinely collected by contractor staff on an ongoing basis. All TA activities are followed by formal debriefings between customers and providers, as well as completion of event evaluation forms by all participants. The ongoing feedback loops includes:

- regional and national training and technical assistance meetings with the projects;
- needs assessment surveys conducted by technical assistance staff to initiate each contract year;

- regular scheduled contact between the technical assistance staff and each grantee project;
- informal discussions with project staff;
- project-generated requests for information and technical assistance;
- discussion of TA needs in each quarterly progress report from each project; and
- ongoing interaction with project officers responsible for project oversight.

FDA Efforts to Elicit Customer Input

FDA efforts to improve the quality of TA by garnering customer input takes a variety of forms. Proactive efforts include:

- The FDA Office of the Commissioner, each Center, and each regional office maintain industry liaison offices with responsibility for ongoing outreach to regulated industry. These offices provide ongoing guidance to industry concerning the Agency structure, procedures, and policy by answering telephone and written inquiries, individual and mass-mailing copies of Agency documents, assisting in arranging for expert speakers for industry-sponsored seminars and workshops, etc. The industry liaison offices are focal points for identifying the need for particular types of TA.
- The Office of Commissioner as well as the FDA Centers analyze written evaluations of speakers at myriad seminars, workshops, and training courses, conducted by FDA or by trade and professional organizations in cooperation with FDA for feedback about TA needs
- The Center for Drug Evaluation and Research (CDER) evaluates incoming applications for general weaknesses that point to the need for technical assistance by applicants
- The Office of Regulatory Affairs evaluates on an ongoing basis the results of compliance inspections of manufacturing facilities for guidance concerning areas of weakness and the need for additional forms of TA
- The Agency's Center for Devices and Radiological Health (CDRH), aside from utilizing written evaluations of all workshops in which it participates, conducts monthly reviews of its telephone logs. These reviews identify constituent needs as well as staff training needs.

Obstacles, Barriers and Problems

The Customer Subgroup found several obstacles to the effective provision of technical assistance to HHS customers. These include:

- Travel budget limitations, limited meeting and workshop funds, reduced PRO, survey and certification budgets
- Increasing use of Internet to request and provide TA has increased demand, strained resources, and challenged agencies technologically
- Lack of a Federal mandate for cross-State data standardization

- Low staffing levels
- Lack of systematic cross-agency data sharing negatively affects decision-making about the type and amount of TA needed
- Customer feedback on the quality and content of T.A. is ineffective in many instances. When collected at all by agencies, it has often been informal, and agencies have been passive recipients.

RECOMMENDATIONS

The Customer Subgroup makes several recommendations for how HHS agencies can improve the technical assistance they provide to their customers. These include:

- ***HHS agencies should establish mechanisms within each category of technical assistance for eliciting feedback from customers on the type and quality of the assistance they receive.*** Surveys, program evaluations, focus groups, targeted outreach efforts are all ways in which better customer input could be obtained.
- ***The federal government should issue guidelines for data collection, maintenance, and standardization.*** The federal government should find ways to encourage states to conform to these guidelines.
- The Internet is an increasingly powerful tool of choice for agencies to use in delivering technical assistance and information and could also prove useful in receiving customer input, although we sense that this latter use is in an embryonic state. The Customer Subgroup recommends that the Department and agencies ***explore ways in which the Internet could serve as a medium for receiving input from customers concerning the type and quality of TA provided.***
- ***Performance measurement can be an objective tool for providing information related to customer needs for TA on an interagency basis.*** For example, the Indian Health Service utilizes performance data generated by the Head Start program to make decisions about the type of TA to be provided to its own customers.
- As Federal agencies become more involved in customer satisfaction activities associated with the National Performance Review, more and more examples of effective technical assistance provided to customers will evolve. These ***technical assistance activities should be catalogued, monitored and assessed*** as they evolve so that they may con-tribute to a more focused and comprehensive approach to future technical assistance efforts.

Members of The Customers Subgroup

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Appendix D

Report of the International Cooperation Subgroup

Overview

The Department of Health and Human Services, as a domestic agency, has some limitations on its international programs and activities. With the clear exception of HIV/AIDS, HHS does not have direct legal authority for technical assistance. Aside from the authorities related to HIV/AIDS, the means test for international cooperation is, in general, benefit to the health of the people of the United States. Technical assistance to developing countries, per se, is currently the legislated responsibility of the U.S. Agency for International Development.

However, the mission of HHS, as implemented principally through its health agencies, provides ample opportunity for technical assistance or, more appropriately, technical cooperation. The Health Care Financing Administration, Administration on Aging and the Administration on Children and Families also cooperate technically with other countries, primarily through consultation with foreign visitors. HCFA has provided limited technical assistance in recent years, primarily in Central and Eastern Europe through an agreement between the Office of International and Refugee Health, PHS, and the U.S. Agency for International Development. The Department's international technical cooperation plays an important role in achieving Departmental and other U.S. objectives, during this period of increasing interdependence and interaction of the global community. It has truly never been more true that "disease has no boundaries." Moreover, our Nation is made up of immigrants. At the present time, one out of ten persons in the United States was born in another country. Thus, an understanding of health conditions overseas and variations between population groups is vitally important.

The Department has numerous arrangements with health and related agencies of the United Nations system, notably the World Health Organization, Pan American Health Organization, United Nations Children's Fund, UN High Commissioner on Refugees, and the Food and Agriculture Organization; the World Bank; and, with the Agency for International Development which is involved in technical cooperation (assistance).

Technical assistance/cooperation is defined as:

- the provision of expert advice by HHS personnel to other countries, including governments, universities, and other institutions; international organizations; other U.S. agencies/ organizations working overseas on

programs and issues which fall within the mandate or expertise of the HHS OpDivs;

- the transfer of knowledge and the provision of relevant skills to other countries and others as indicated in "a" above; and
- training of experts of other countries or of international organizations.

International organizations generally refers to the health and related agencies of the UN system, including, but not necessarily limited to, the World Health Organization, Pan American Health Organization, United Nations Children's Fund, the Food and Agriculture Organization, and the Social & Economic Council (and a number of its Commissions). These are organizations of which governments are members.

International bodies included within the broad definition for technical assistance/cooperation include other organizations such as the International Red Cross.

The provision of technical assistance/ cooperation emphasizes the following functions:

- Assessment and problem definition
- Policy research and advice, including sharing of standards, guidelines and best practices
- Technical/management training
- Evaluation
- Planning
- Health science communications/ Telemedicine/Telehealth
- Biomedical research
- Public health surveillance, response and control
  - Improvement of data systems: infrastructure, content and use
  - Laboratory strengthening
  - Special initiatives (e.g. polio eradication, international Field Epidemiology Training Program, data for decision-making)
- Emergency response
- Behavioral health
- Applied/operations research
- Environmental health
- Food and drug consumer protection
- Regulatory infrastructure development
- International harmonization of standards, including definitions and standards for health-related data

Technical assistance needs are identified by: (1) countries, Ministries of Health and others; (2) HHS agencies; (3) U.S. and foreign research collaborators in the context of planned or agreed international research projects; (4) the Agency for International Development, assisted countries, and the cooperating component of the Public Health Service (PHS); (5) international organizations (e.g. WHO) in cooperation with assisted countries and the cooperating HHS agency; and (6) other cooperating Federal agencies (e.g. Environmental Protection Agency, Department of Defense, Department of Commerce, Peace Corps, Department of State).

Technical assistance is delivered by: (1) technically qualified personnel

of the HHS OPDIVS; and (2) grantees and contractors of the HHS OPDIVS

Technical assistance activities occur in: (1) the Office of the Secretary; (2) HHS OpDivs; and (3) individual program components.

Existing information about technical assistance efforts is available from a number of related, but not necessarily directly connected, sources, including: (1) requests from international organizations (e.g. WHO and PAHO) contained in communications from these organizations; (2) HHS international travel notifications; (3) progress reports on work under agreements with USAID; reports and related documentation for specific high-level international initiatives, such as the Gore-Chernomyrdin Commission and its Health Committee; the Gore-Mbeki Commission; JECOR/Israeli Science and Technology Commission; the core groups pursuant to the U.S.-Mexico health agreement, the Indo-U.S. Vaccine Action Program, etc.; and (4) annual reports on international activities of some OpDivs (NIH, CDC, FDA, HRSA).

The quality and appropriateness of technical assistance activities are examined using the following criteria: (1) appropriateness for conduct or provision of assistance by HHS agencies is based on the relative domestic and/or global priority of the issue, intramural capability and availability of experts when they are needed, foreign policy implications, and funding and support arrangements; (2) work being carried out under agreements with USAID is subject to evaluation carried out by expert teams appointed by the funding agency (USAID); (3) agencies providing the services may request trip reports from their employees, although this is not uniformly done; and (4) work carried out on behalf of an international organization (e.g. PAHO, WHO, UNICEF) is evaluated by the funding organization on the basis of whether the overall objectives were met.

EXAMPLES

INDIVIDUAL OPDIV EXAMPLES

The Agency for Health Care Policy and Research (AHCPR)

Through its Center for Information Technology, AHCPR has provided leadership in advancing health care data standards development through technical collaboration with Europe, South America and Japan. Attention has focused on medical record content and coding standards and health care data interchange standards. These efforts promote coordination and reduce duplication among diverse private and public sector standards development organizations. By addressing international barriers to development of standards, this type of cooperation paves the way for greater use of standardized data in answering health services research questions of international or global significance.

The National Institutes of Health (NIH)

Many of the NIH Institutes, Centers and Divisions support programs to train foreign scientists in the United States and to provide U.S.

scientists with opportunities to work with counterparts abroad. NIH activities in this area are detailed below.

Fogarty International Center (FIC) of NIH

The FIC administers the NIH Visiting Scientist Programs, which annually allows for more than 1,200 scientists from over 80 countries to receive training in the United States under this program. Some of these scientists also receive financial support for their U.S. stay from one of the several FIC-sponsored fellowship programs. In addition, FIC supports a number of grant mechanisms which assist U.S. scientist to work in close collaboration with foreign counterparts.

The AIDS International Training and Research Program (AITRP)

The AITRP provides resources to a U.S. institution to support training at the pre- and post-doctoral level of foreign collaborators in the areas of HIV/AIDS. Over 1,200 scientists from over 70 countries have trained under this program. Over 500 in-country training courses have taken place. The FIC support AITRP-like programs on Emerging and Re-Emerging Infectious Diseases, Environmental Health, and Population and Health.

FIC's Minority International Research and Training Program provides U.S. minority students and faculty opportunities to gain experience in research laboratories overseas. The Fogarty International Research Collaboration Award (FIRCA) provides small research grants to foster international partnerships between NIH-supported U.S. scientists and their collaborators in regions of the Development world.

National Institute of Allergy and Infectious Diseases (NIAID)

Tropical Medical Research Centers (TMRCs)

The TMRC grant is a specialized award intended to provide support to overseas facilities in or near areas of endemic tropical diseases where research can be carried out on those problems most efficiently. The TMRCs serve to strengthen the research capacity of the host country and also provide U.S. investigators opportunities to work in endemic areas through a "visiting investigator" component.

International Collaborations for Infectious Disease Research (ICIDR)

The ICIDR grant program supports study of diseases of major importance to people living in tropical countries and is designed to stimulate involvement of host country investigators in the collaborative projects. Awards are provided to a U.S. institution with an established foreign affiliate.

National Institute on Drug Abuse

INVEST Program

National Institute of Neurological Disorders and Stroke

NINDS-WHO Fellowship Program

National Institute on Alcohol Abuse and Alcoholism

Visitors Program

PAHO-NIH Biotechnology Research Grants Program

Targeted toward Latin American and Caribbean scientists

Pan American Fellowship Program

Targeted toward Mexican post-doctoral fellows

The Centers for Disease Control and Prevention provides training and technical assistance to nationals of many countries through:

- The international Field Epidemiology Training Program
- Field research stations in five countries
- Long-term and short-term CDC advisors seconded to multilateral organizations, such as WHO
- Long-term and short-term technical consultants provided through USAID
- Direct bilateral cooperation
- Technical training programs at CDC
- Visitors Program

The Food and Drug Administration provides technical assistance to nationals of many countries through:

- Training workshops/seminars on FDA regulatory requirements for products imported into the United States.
- Short or long-term training in FDA laboratories for technology transfer and development of laboratory methodology expertise.
- International exchange visitors program.

The Health Resources and Services Administration provides assistance/cooperation with other countries in areas of health manpower planning, nursing, medical education, emergency medical services.

The Indian Health Service provides assistance/cooperation in such areas as water and sanitation.

The Substance Abuse and Mental Health Services Administration provides assistance to many countries, particularly on drug demand reduction, through arrangements with the Department of State and the U.S. Information Agency.

The Administration for Children and Families assists foreign government officials, scholars and social development leaders that have an interest in the broad area of human services.

The Health Care Financing Administration cooperates with other countries and international organizations on health care financing issues.

CROSS-CUTTING EFFORTS, COORDINATION AND COLLABORATION

Cross-cutting collaboration is being provided on a number of key global issues, including the following:

Emerging and Reemerging Infectious Diseases

Under the umbrella of the CISET Task Force on Emerging and Reemerg-

ing Infectious Diseases, NIH, FDA and CDC, are providing a broad range of technical cooperation with other countries, including: strengthening of capacity for surveillance and response; research; and the licensure, regulation and availability of needed biologics such as diagnostics, drugs and vaccines. Efforts are being carried out bilaterally with a number of countries (e.g. Russia and South Africa, under high-level initiatives; and India) and multilaterally through WHO.

HIV/AIDS

NIH, through the Fogarty International Center, has trained over 25,000 developing country experts/scientists under its "AIDS International Training and Research Programs. The National Institute of Allergy and Infectious Diseases is supporting a broad-range of prevention research including investigator-initiated research programs, AIDS vaccine evaluation units, HIV network of prevention trials, AIDS clinical trials group, and community-based program for clinical work on AIDS. Much of this work is being carried out overseas via collaborations between U.S. and host-country institutions. In all cases, the capabilities the host-country institutions are increased. The Centers for Disease Control and Prevention, under collaborative agreements with the Governments of Thailand, Cote d'Ivoire, and Uganda has established HIV/AIDS research field sites. CDC provides additional technical consultation in HIV/AIDS through USAID.

Another form of cross-cutting, coordinated collaboration is carried out under specific bilateral agreements. An example is the Gore-Chrenomyrdin Commission under which there is a health committee. The G-C Health Committee identified eight priority areas: Diabetes, Maternal and Child Health, Health Education and Promotion, Environmental Health, Improving Primary Care Practice, Health Policy and Reform, Prevention and Control of Infectious Diseases, and Tuberculosis. A number of elements of the cooperation are cross-cutting. For example, objectives related to child health are fulfilled, in part through the Environmental Health Group (e.g. lead exposure) and the group on Prevention and Control of Infectious Disease (e.g. diphtheria). The coordination is facilitated by the Secretariat for the Health Committee secretariat and occurs as well through interactions between area leads and the participating experts.

New and Emerging Issues:

New and emerging issues fall within both the policy and management spheres; they may also be subject-specific. These issues include:

- There is no existing training program for current staff.
- In light of the ever-increasing number of high-level international initiatives and opportunities for cooperation, how can rational systems for decision-making at a policy level and coordinated implementation be achieved?
- Food safety, which might be considered a part of emerging and reemerging infectious diseases;
- Telecommunications in health;
- Welfare and health reform ;

- Domestic application of issues discovered in United States government foreign efforts.

Weaknesses and Strengths of Current Programs

Weaknesses

- **Need for strengthened legislative authority for international cooperation.**

Expanded international legal authority for PHS agencies and an attendant increase in funding would enable PHS to more fully engage in technical assistance/cooperation activities of relevance to the U.S. global health agenda. Authorization without an appropriation, however, could be a concern, since it could leave technical agencies vulnerable to earmarks.

- **Reliance on USAID funding for international technical assistance/ cooperation.**

In FY 1994, USAID obligated $33 million to agreements with PHS agencies. In FY 1995, this figure fell to $15 million and in 1996 to $10 million. Yet, outside of the HIV/AIDS area, the principal source of support for PHS expertise internationally has been the Agency for International Development.

- **Need to enhance cooperation with private sector organizations.**

In recent years, PHS agencies have developed cooperative relationships with a number of private sector organizations, including industry, in order to facilitate international cooperation/assistance. There are, however, a number of impediments to building such relationships (e.g. concern about having the private sector organization pay for travel of HHS personnel, if that organization is funded by USAID).

Strengths

- Significant cadre of world-class experts within HHS who have had international experience.
- Enlightened HHS leadership who recognize that global health is an important element for assuring the health of the people of the United States and that HHS employees are strengthened by their experiences in working internationally.

Barriers and Strategies for Change

Limited legislative authority

The Department is exploring the possibilities for either a Presidential delegation of additional authority to HHS; or, new international health legislation, or both.

Inadequate funding for international health in HHS appropriations.

More effectively demonstrate to Congress the benefits domestically of HHS involvement overseas.

Reductions in USAID budget for health and related issues are resulting in reductions for the PHS.

- Identify areas in which AID can obtain cost-effective reimbursable services from HHS and make case at

high levels to build new partnerships with USAID.

- Develop closer collaboration with the World Bank.
- Develop alliances/working relationships with the U.S. private sector.

Limitations on establishment of partnerships with U.S. non-governmental organizations, including industry.

Establish small working group, including key HHS international offices, OIRH/OS, OIA/OS, ASMB, and Legislation to identify barriers and recommend remedial action.

Increasing constrains on budgets and other resources with HHS which limit its capacity to administer formal bilateral agreements (health and S&T or other special initiatives).

- Identify models, such as the Human Frontier Science Program, which successfully meet needs of international partners while not being overly bureaucratic.
- Provide guidance from the Secretary to the Department of State, Office of Vice President, National Security Council on the need for HHS to carefully review our potential participation in new initiatives/ agreements before commitments are made.

MODELS FOR INNOVATION

International consumers of HHS technical cooperation/assistance in the international arena include other governments; scientific institutions; scientists; international organizations; and international affairs agencies of U.S. Government (USAID, Department of State). In general, internationally-based requirements for technicaal cooperation or assistance are client driven. The client overtly expresses a need, or joint dialogue reveals a client's need, and the Public Health Service (PHS) responds, if appropriate. These needs are discovered through various mechanisms, including:

- Requests of other governments for assistance either directly or through an intermediary such as WHO or USAID. An example would be a request from a Ministry of Health for assistance from CDC to investigate a disease outbreak.
- Dialogue in connection with development of objectives and action plans for cooperation as part of a program of cooperation, such as the Gore-Chernomyrdin Commission. For example, it was decided at the February 5, 1997, Gore-Chernomyrdin Health Committee that the U.S. and Russia would cooperate in the field of mental health. It is anticipated that this will involve technical assistance/ cooperation, including training, in application of world-recognized diagnostic criteria and procedures for mental illness.
- In the context of the conduct of a collaborative research project a technical cooperation/assistance requirement will be identified by the U.S. and foreign investigator and that assistance will take place as part of the implementation of the project. For example, under the Indo-U.S. Vaccine Program, needs for training and technology transfer in a variety of specific areas have been identified and addressed.

- Another government may request FDA assistance in describing or providing training related to FDA requirements for entry of products into the United States.
- An international organization (WHO or UNICEF) may request advice/assistance from a PHS agency. For example, UNICEF has periodically requested advice/assistance from FDA in addressing vaccine quality issues. In another example, PAHO requested assistance from AHCPR with developing projects to measure quality of patient care in Latin American countries.

Case Studies

Indo-U.S. Vaccine Action Program

The Indo-U.S. Vaccine Action Program (VAP) has been in existence for 10 years. It is directed toward developing new or improved rapid diagnostics, development of new vaccines and applying them in immunization programs in developing countries, notably India.

Thus far, under the VAP, some 18 collaborative projects have been funded. This has resulted in the development of a rapid diagnostic for hepatitis C and the identification of two candidate rotavirus vaccines that are specific to the rotavirus serotype in the Asian subcontinent. Each of the projects has involved substantial investigator-to-investigator collaboration (this is not just a grants program) which has included technical consultation and, as appropriate, training in both the Indian and U.S. laboratories. This has resulted in excellent program output and in the development of a cadre of highly qualified and motivated Indian investigators. This model holds promise for relationships with other collaborations.

This technical cooperation has been made possible by a number of factors. This includes the development of a formal arrangement between the U.S. and India, agreed to in 1987, which facilitated clearance of projects/activities by the Indian Government; the availability to PHS of Indian rupees to support part of the costs of the collaboration; extraordinary continuity of the Joint Working Group for the Indo-U.S. Vaccine Action Program; a committed nodal agency on the Indian side; and, a strong commitment from participating PHS agencies, including the National Institute of Allergy and Infectious Diseases, NIH; Centers for Disease Control and Prevention; and, Food and Drug Administration.

Diphtheria epidemic control under Gore-Chernomyrdin Initiative

Beginning in 1994, countries of the former Soviet Union were gripped by a growing epidemic of diphtheria with every indication that the spiral of morbidity and mortality from this disease would continue, particularly in the Russian Federation, if significant steps were not taken. With financial support from the U.S. Agency for International Development the Centers for Disease Control and Prevention (CDC) has worked with Russian health authorities to assess diphtheria epidemiology and the effectiveness of control measures in three Russian oblasts (Vladimir, Voronezh, and Novgorod). This included cooperation

on a number of studies including, for example, work with Russian epidemiologists in conducting a study of the efficacy of the school-entry age booster dose which was reinstated in the Russian Federation in 1994. In addition, diphtheria surveillance data were reviewed to evaluate the impact of control measures and data and laboratory samples were collected and analyzed. This has been a significant collaboration, now spanning nearly three years. The incidence of diphtheria in the study areas has decreased by over 60% in the study areas.

This technical assistance/collaboration was made possible by support from USAID and the professional linkages and trust that was established between Russian authorities and the Centers for Disease Control and Prevention. Moreover, there was strong commitment and continuity in staff support to CDC in-country presence.

NIH AIDS International Training and Research Program

An innovative model, developed and implemented by the Fogarty International Center, NIH, is their AIDS International Training and Research Program. This program enables U.S. schools of medicine and public health to provide HIV- and AIDS-related training to scientists and health professionals from developing countries and to forge collaborative ties with research institutions in countries of strategic importance in HIV and AIDS research. Training in epidemiologic concepts and methods, field studies, and basic and clinical research related to HIV and AIDS is supported at host U.S. institutions and in collaborating countries through predoctoral and postdoctoral research and advanced in-country studies. In addition, practical and applied short-term training related to HIV and AIDS is conducted in participating countries for professionals, technicians and allied health professionals. Since the inception of this program, more than 1,000 scientists from some 75 countries and territories have received training in the United States. In addition, more than 400 in-country courses have been conducted in nearly 50 countries, providing short-term training for more than 28,000 students and health professionals. This program has helped develop a cadre of training scientific manpower who are now the backbone for work on HIV/AIDS through other NIH institutes, notably NIAID; USAID; WHO; universities; foundations and other non-governmental organizations. It has also served as a model for other international training/assistance efforts, including occupational health and reproductive health.

NIH Multilateral Initiative on Malaria in Africa

Partner agencies (NIH, the Pasteur Institute, Wellcome Trust, British Medical Research Council, French Ministry of Cooperation, European Union, African scientists, WHO) organized a conference in Dakar Senegal, in January 1997, to discuss collaborative approaches to advancing the field of malaria research. A follow-on meeting in The Hague in the summer of 1997 will take up funding mechanisms for promising projects for which letters of interest are now being submitted.

The Subgroup determined that site visits to these programs were

probably not needed, but that a roundtable discussion with HHS on how to make assistance programs more effective may be warranted. Furthermore, documentation of other experiences would be useful, especially if the factors that enabled the endeavor to be successful and the factors mitigating against success were considered

Regional/Field Roles and Mechanisms

In the international arena, regional or field roles and mechanisms are exemplified by: (a) the role of the U.S. Embassy or USAID Mission; and, (b) the presence of HHS employees in the country that facilitate, oversee and/or implement programs. Examples of regional or field roles and mechanisms are:

The PHS provides a qualified person to serve as Science Attache at the U.S. Embassy in New Delhi, India. Without this presence (and the two Indian-national employees who support the Attache's mission), the type of program now in effect between the United States and India would not be possible.

CDC has a field presence in a number of countries. This includes, for example, medical epidemiologists assigned to several countries, through WHO, to provide assistance to countries to bring about the eradication of polio. CDC also has assignees in countries such as Thailand, Cote d'Ivoire, and Uganda working in HIV/AIDS research units which are working closely with host government institutions.

NIH/NIAID has a field presence in Mali for the conduct of malaria research, a very high priority in global health.

The Subgroup found that it may be desirable to assign additional PHS employees to overseas positions (e.g., Russia) to facilitate cooperation.

Recommendations

The Subgroup makes several recommendations for improving technical cooperation and assistance in an international context. These include:

- Continue to seek expanded international authority and related international health appropriations for the Department of Health and Human Services.
- Maintain and expand, as possible, cooperation with USAID and other development agencies (e.g. JICA).
- Strengthen the relationship with the World Bank, identifying areas in which HHS can work effectively on a reimbursable or expenses-paid basis.
- Survey successful programs and efforts which could be emulated.
- Development of partnerships with the private sector, including identification and removal of barriers to such partnerships.
- Actively seek to apply lessons learned from overseas (or from overseas colleagues in the United States) into U.S.-based public health programs.
- Seek to have HHS recognized as--and actually--responsive to the evolving pattern of global burden of diseases.

(Note: This would call for greater attention to mental health, chronic diseases and injuries compared to current levels of international engagement on these issues).

- Seek to have HHS play the lead role, as appropriate, in USG international health agenda-setting and engagements.

Attachment 1

HHS Resources Available on the Internet, some in foreign languages
CDC's "Morbidity and Mortality Weekly Report" (MMWR)
CDC's Emerging and Reemerging Infectious Diseases newsletter
CDC Prevention Guidelines
CDC Immunization Information Page
1995 Dietary Guidelines for Americans
NISMEDINFO- Health and Medical Information for New Independent States Health Professional
NLM HyperDOC: World-Wide Web (WWW) Server of the U.S. National Library of Medicine
National Institutes of Health Home Page (provides information on NIH grants and links to home pages of all NIH components)
Fogarty International Center Home Page (provides a range of information on international collaboration opportunities)
National Health Information Center
NIAID - National Clearinghouse for Alcohol and Drug Information
NCI Publications for Patients and the Public
National Rehabilitation Information Center
International Network for Interfaith Health Practices
FDA Home Page with information on all FDA regulated products, drugs, biologicals, vaccines, medical devices and foods
FDA Center for Food Safety and Nutrition
CDC Information Network for Public Health Officials (INPHO)
ACF Home Page
AHCPR is adding a hot link from its home page to a listing of AHCPR consumer publications in Spanish.

Appendix E

Report of the Internet Subgroup

Note: Information in this report will rapidly become obsolete. For example, during its preparation the Department added the Partner Gateway and Healthfinder Web sites, both significant technical assistance resources. In its first two weeks of existence, some 134,000 people used Healthfinder.

Overview

The Internet provides many tools for knowledge-based communication, which is required for technical assistance . The Internet tools have such power that a fair comparison a decade or two from now might list the Internet as equally or more important than the printing press, telephone, and television as a communication medium. While the application and accessibility of the Internet today is in its infancy, progress is so rapid that it is likely that the great majority of all professional workers will be using Internet tools regularly within a few years. Today, however, half or more of all state, local, and service provider offices do not have full Internet access. Five years from now, virtually all will have such access and rely on it for conducting much of their business. The recommendations we make here address the next several years' access levels, not this year's.

Findings

Strengths and Weaknesses of Current Internet Technical Assistance

In discussion with producers and users of Internet-based information, we have found a number of strengths in current practices:

- When information is on the Internet there is a great reduction in the time and time elapse cost of retrieving it. The steps of writing a letter and waiting weeks for a response (which may be "out of print") are eliminated and replaced by a mouse click.
- Determining which document(s) are most likely to be useful is greatly simplified. If a search turns up a dozen likely documents, each can be quickly perused and the one or two that are genuinely useful immediately identified. (This assumes that agencies use HTML and text formats, rather than cumbersome PDF formats and heavy graphics, wherever possible.)
- The Internet greatly facilitates feedback. Users of TA can directly respond, by E-mail about how well it meets their needs and can request additional information or help.
- The Internet leverages resources to reach much larger proportions of the intended audience. A single source of information who could not possibly identify or reach all or most potential users can make the information available to all. The problem of reaching the plausible, but wrong, person in the partner organization is greatly reduced when everybody in the organization has access.

- Concomitantly, the Internet breaks through hierarchical layers that frustrate the flow of information to the right persons. The insulting excuse "We sent a copy to your headquarters office" will become irrelevant, as will the failures of headquarters offices to move key documents to staff who need them.

- The Internet, above all, facilitates access. It radically empowers users to find information that they never would have been able to identify or obtain. Even a beginner can consult a professional librarian or other expert who can reach material that otherwise might be out of print, available only to designated recipients, or simply uncataloged in ordinary library systems. This is particularly important for the kinds of fugitive materials, rarely published formally, that are so important in technical assistance.

There are also several important weaknesses:

- Much, perhaps most, key material has not yet been "published" on the Internet. Even when agencies publish their best information, it may fail to help users. If the answer is not there, it will not be found.

- In general, Web sites represent organizations rather than functions. As a result, resources are fragmented across many sites in ways that impede easy search or synthesis. For example, a dozen different HHS Web sites contain major cancer-related information. Several hundred Federal Web sites contain some cancer information.

- Access is highly variable today. Almost all partners located in universities have E-mail and over 90 percent have Web access. Roughly half of State and local agencies still have either no access or access limited to a handful of people. Small non-profit service providers are least likely even to have a computer, let alone an Internet connection. (However, access can be arranged very cheaply--a complete computer system and a year of connection charges costs less than $2,000.) As a result of current access limitations, the Internet cannot be the only dissemination vehicle for technical assistance for the near- and middle-term future.

- Access time is lengthening. Demand for the Internet may be out pacing infrastructure improvements, and the hardware now in place often cannot handle large amounts of traffic at an acceptable pace. Aside from the well publicized problems at America Online in the spring of 1997, the World Wide Web suffers from serious congestion during peak usage hours which can create significant delays in the retrieval of information. This situation creates something of a conundrum, because while the value of the Internet increases with every new user, it can also be diminished by the lag times precipitated by the added traffic.

- Customer feedback is a chasm. A vast amount of resources can be devoted to posting information on the Web and, although we have some notion of who is looking at it, we have little or no idea as to how useful they find it. The persistence of user unfriendly practices on many Web sites (e.g., PDF

files as the only document format, large graphics that are slow to load, use of "frames" despite their unreadability by millions of users, blinking messages) tells us that even when problems are known they may not be fixed.

- Internet resources, in HHS and elsewhere, are not always well packaged. Context and source may be unclear, important information missing, the fact that there is additional information omitted, format confusing or bothersome, and presentation unfriendly to users.

There are also aspects of Internet use that may be good or bad, depending on context:

- Effective information exchange requires credibility. The source must be perceived as reputable and reliable. While Internet sources are not inherently inferior in this respect, at present far too much Internet information comes from incompletely identified or possibly biased sources. Most Internet information is not independently or authoritatively verified as objective or accurate. (Many HHS sites, however, take these important steps.)

- Some HHS Web sites, notably the Departmental home page, have increasingly turned to electronic public service announcements for certain kinds of topical messages. Others eschew anything beyond very basic presentations. Movies and music are used very little anywhere at HHS (both would be inaccessible to many users, but alternative text pages can overcome this problem). Striking the right balance among these and other technologies is still an infant art.

Finally, there is cost. In most respects the Internet is a cost-reducing or cost-avoiding tool. It can substitute for expensive printing and mailing. E-mail is much less expensive than "snail mail." Tens of thousands of additional people can be reached for zero additional cost. Electronic document creation is often far less expensive than publication as a paper product. Nonetheless, using the Internet does have costs, and these are particularly acute costs because they cut across organizational lines and all too often fall outside of existing budgetary resources and official responsibilities. In HHS today, only a handful of people outside of computer rooms have the expertise and principal job responsibility to lead, manage, and arrange the preparation and packaging of information for electronic dissemination and access.

Current Best Practices at HHS and Elsewhere

To develop our report we established a very generalized list of criteria for good technical assistance web sites:

Relevance

The most important measure might be the site's saliency to current issues or to actual problems facing the customer. For instance, a site should offer details surrounding "hot" topics such as Welfare Reform or Kennedy-Kassebaum, or it should offer practical advice surrounding an issue directly related to the customer's programs.

Depth

Regardless of the issue, the information provided should be abundant in both substance and length. The site should provide links to more in depth

information as well as to other subject areas which cut across the featured issue.

Responsiveness

At the very least, a site should provide a simple way for users to provide feedback as to usefulness and desired changes. A "Mail-To" link to the web master at the bottom of the page is not sufficient; there should be a mechanism through which customers can provide feedback and be assured that their voices will be heard and responded to.

Interactivity

Sites that maintain interactive forums have proven useful in fostering peer-to-peer TA. Current technology for such sites allows users to post messages for subsequent users to read and then easily submit a reply. As a result, users can provide each other ideas, adding information over time. As topics emerge, different parties can participate, depending on their knowledge and interest. All can benefit from the best ideas of the most active participants. Technology for real time chat and video conferencing is becoming more prevalent as well.

Findings

Our examination of HHS technical assistance services on the Internet produced the following findings:

- There are many Web sites oriented to TA. We have found that numerous HHS offices have innovative, useful sites offering technical assistance to State and local partners, practitioners, managers, and others who seek information from HHS. Attached at Attachment A is a "sampler" of these sites describing some of their special features. As can be seen simply by inspection, virtually all of these sites meet most of the criteria above. (However, very few offer interactive forums).

- One important finding is that Internet TA is valuable as a search aid, not just as a provider of direct information. While some web sites actually provide what could be considered TA, others simply facilitate its provision through other means, by pointing customers in the right direction. This is an important benefit because in many cases the basic problem is to discover "where to turn."

- A few agencies mistakenly discourage links to outside sources. There is no defensible legal, practical, or other justification for refusing to provide links to information that supports the agency mission, that is accurate and objective, and that does not inappropriately commercialize or discriminate against users in providing that information. In fact, virtually every browser on a government computer comes with a "search" button that takes users to a commercial search engine with flashing advertisements, so these bans are as ineffectual as they are narrow. Most HHS agencies encourage carefully selected links, and FDA and HCFA have written policies for this.

- Every OPDIV provides Internet technical assistance but levels are highly variable. All OPDIVs have web sites, and all of these provide at least some technical assistance. The level of assistance found on these sites varies greatly. This reflects major differences

in several variables (1) the extent to which clients need help (relatively low for NIH, for example), (2) the availability of useful material worthy of placement on the Internet, and (3) the availability of Internet development resources and management interest.

- Almost all HHS agencies have found that bringing together the disparate skills needed for a strong Web presence is exceptionally difficult within traditional bureaucratic structures. Even within OPDIVS, there are sometimes large discrepancies, suggesting that these factors are important both across HHS and within each agency subdivision. However, the fact that each OPDIV has at least a moderately strong Internet presence indicates that every major agency within the Department recognizes the value and importance of the Internet. The best Web sites seem invariably to involve a team effort, uniting communication, public affairs, substantive, and computer expertise in some kind of formal or informal collaborative effort.

- All of the OPDIV Web sites make some attempt to provide assistance directed toward their everyday customers. For example, most of the agencies provide information on available grants and assistance with the application and award procedures. Some do more. For example, in addition to its Guide for Grants and Contracts, NIH has searchable databases of projects under way that are supported by HHS funds. NIH also provides a wealth of health and scientific resources. HCFA provides an online service for all of its customer groups that provides answers to any question relating to Medicaid, Medicare, or other HCFA programs and policies. As a research organization, AHCPR provides online summaries of its studies. Through several clearinghouses which it funds, SAMHSA provides online information to its grantees in the mental health and substance abuse areas.

- Clearinghouses are moving rapidly towards adding an Internet capability to their traditional telephone and publication orientations. More important than agency resources structured by sponsoring organization are resources structured by recognized areas of responsibility. In Attachment B, we list 62 Federal Health Information Centers and Clearinghouses (most but not all of these in HHS). By definition, each clearinghouse reflects a perceived need to organize resources to provide informational assistance on some subject to some client group (including, in many cases, both providers and consumers). Some 44 of these clearinghouses had an Internet presence in March 1997 (the number is growing rapidly).

- Even clearinghouses vary greatly in Web presence. Despite their presumed expertise in information dissemination, and budgetary nexus as an activity, there is a great disparity between the levels of Internet assistance provided by each center. While several centers, such as the National Clearinghouse for Alcohol and Drug Information, have extensive web sites with features such as online searchable databases and interactive issues forums, they are the exception rather than the rule. Most simply offer a brief description of their services, contact information, and sometimes a list of publications

or links to related sites. This undoubtedly reflects some of the same variables that affect agency presences, as well as substantial differences in client access to Internet resources.

Internet Technical Assistance Gaps and Problems at HHS

No good inventory of HHS TA activities exists (partly because these activities are ingrained in the daily operation of most programs), so that it is difficult to address the extent to which gaps exist. However, from the data that we do have, certain conclusions are clear:

- While 44 of 62 clearinghouses have Web presences, 18 do not. This is a significant gap. No matter how "backward" the clientele, it is inconceivable that there is any subject on which this Department provides information that would not benefit from Internet dissemination to improve effectiveness and outreach. We know that in many of these cases plans are under way to add Internet services, but as of the spring of 1997 the gap is wide.

- The great majority of clearinghouses and other TA efforts have not added interactivity. A large proportion do not even provide good feedback mechanisms (e.g., E-mail connection to a subject expert, and posting of broadly applicable exchanges).

- Only one OPDIV, HCFA, has yet provided an organized E-mail service to put all of its customers and partners in touch with expert staff to get rapid responses to questions.

- One of the most important ways of communicating with HHS customers is through our regulatory "notice and comment" process. This provides an opportunity to place our planned policies and procedures before the public and obtain their views before making final decisions. It is a natural for interactive communication, both vertical and horizontal. Everyone can benefit if Alaska can identify a problem, Arkansas suggest a solution, and Alabama suggest an even better solution that all three can agree on. At present, such interchanges are almost impossible to obtain. "Electronic rulemaking" is just beginning. Recently, FDA posted on the Web transcripts of public meetings on a proposed rule, effectively allowing all interested parties to see the problems and ideas as perceived by others before the end of the comment period.

- Many publications are now available in electronic as well as print format. But as nearly as we can tell, no more than half are available this way. Not only does this deny ready access to the majority of our customers, but also it means that savings from reduced print runs have not been realized in many agencies.

- Even when documents are available electronically, too many are available only in Portable Document Format (PDF). PDF files have the advantage of preserving the look and feel of the original, but discriminate against not only the blind (who have no tools to read them), but also against the one-fourth or so of all users who cannot or will not install special reader software in their browsers.

- Not all HHS agencies have yet been able to bring desktop Web access to all professional employees. The Secretary are ordered that this be done

wherever feasible by the end of 1997. Until this is accomplished, and employees become skilled users, it will be difficult to build Internet approaches into the interstices of daily operations. Asking employees without Internet access to use Internet tools with their clients is unfair and unworkable.

- HHS technical assistance efforts are not currently designed to handle public health emergencies. An Ebola scare or a Mad Cow Disease scare (real or perceived) has the potential to multiply traffic on the Web sites of some agencies by a hundred fold. Long before that limit was reached, either bandwidth or server capacity would bring all Web services to a standstill. And if frustrated users could not reach (say) FDA or CDC, they would likely turn to NIH, or OS, or Healthfinder, and bring down other parts of the Department. Such a sequence of events would not only prevent the dissemination of the very information sought, but would also bring other Web services to a halt.

Obstacles, Barriers, and Problems

There are several obstacles to improving Internet technical assistance at HHS. These include:

- The agencies and bureaus that have happened to have staff enthusiasts with some resources and management encouragement or acquiescence have long since built good Web sites. Agencies and bureaus without these conditions continue to lag.
- Organizing and managing a good Internet presence involves an exceptionally complex set of skills. It requires communications skills (as in writing and editing to an audience), public relations and public affairs skills, subject matter knowledge, understanding of audience and customer situations, technical computer skills and resources, leadership, and collaboration across office lines.
- The forces of secrecy, inertia, and tunnel vision are always strong in large bureaucracies, including some in HHS. Even some large interagency efforts still sometimes eschew using the lingua franca of computer communication and the "information superhighway"--HTML files transferred by TCP/IP--and mandate communication through clumsy or obsolete technologies.
- Budgetary resources needed are small in absolute terms. As little as a few thousand dollars in hardware and software costs will suffice for a small Web site. HHS clearinghouses spend hundreds of millions of dollars annually in total, and HHS salaries and expenses costs total several billion dollars annually. But even small discretionary sums are often simply unavailable in strapped budgets. And larger Internet services can require spending in the many tens of thousands of dollars for hardware and software alone. Maintaining current information is a staff-intensive and expensive service.
- Top managers, if for no other reason than their generation, often fail to use or understand modern computer technology. It was recently disclosed that the Premier of France had never

touched a computer mouse. It is rumored that the President of the United States had not until recently sent or received E-mail.

RECOMMENDATIONS

In all recommendations we are focusing on broad practices. Nothing in any of these recommendations should be read to imply establishing command and control mechanisms, or arbitrary rules that would override context-based decisions.

- The Internet is still evolving rapidly as a communication technology. Efforts to use it should be encouraged by leadership, example, exhortation, and collaboration. Rigid rules or prescriptions should be avoided in favor of encouraging experimentation.

- HHS-funded clearinghouses and information centers should rapidly move towards having strong Internet presences. This capability should be added as soon as the next significant decision point is reached (e.g., next grant or contract cycle) if it cannot be accomplished sooner. Clearinghouse managers should be given clear direction to achieve this goal. In most cases this will ultimately save money (e.g., as telephone responses and individual document mailings are replaced by electronic transfers), but this should not be viewed as a budgetary proposal. Instead, service should be expanded and improved, and incremental resource increases made available.

- HHS publications, reports, studies, and other documents intended for or likely to be used for technical assistance or consumer information should routinely be made available in electronic format, on the Internet. Even audiovisual materials can now be promulgated through the Internet. Electronic access should be provided not only to improve technical assistance, but also because it is required by handicap access laws (the blind can read properly formatted Internet files through voice capabilities on their computers) and by the recent amendments to the Freedom of Information Act. One way to achieve a rapid improvement in compliance would be for all contracts with written materials as deliverables to include a standard clause requiring an electronic copy of all deliverables, in readily usable HTML (Web) format.

- Agencies should routinely consider electronic publication as a co-equal dissemination approach to print runs, with users printing most copies locally "on demand". (Some copies, of course, would always have to be available on paper but print runs could usually be greatly reduced). AHCPR has saved millions of dollars by moving aggressively to electronic dissemination. Even when paper is appropriately the primary dissemination vehicle, electronic dissemination should always be planned, executed simultaneously or in advance, and prominently advertised. Advance publication in electronic format has the special advantage that it encourages our customers to obtain electronic access through the "carrot" of advance availability. Including a Web link to an HTML copy in all cases where a document or data source is important enough to be announced

by press release will greatly widen and hasten reaching target audiences.

- Agencies should move rapidly to supplement other kinds of information services through Internet presentation. For example, almost all conferences at which technical assistance is provided or exchanged should be preceded by electronic posting of the information given to participants. Transcripts should be posted electronically within a few days of conference completion. Why limit the benefits to those who happened to be able to attend physically, when the audience can be multiplied many times at very low cost?

- HHS agencies should look to additional opportunities to create new services that were simply not feasible before the Internet. For example:

  - Until recently it was far too expensive to accompany Federal Register documents such as rules and grant notices with all of the materials that regulated entities or potential grantees would find useful. At best, they could write or such materials until supplies were exhausted. At worst, they would have to visit a "docket room" in Washington just to read a document to determine if it were truly useful. From now on, virtually all Federal Register documents should include directions for obtaining copies of all referenced materials from an Internet site.

  - Copies of written comments (scanned), transcripts of meetings, and on-line exchanges should be tested in HHS Federal Register notices and rulemakings that request comments. "Electronic Rulemaking" will provide a collaborative basis for improving the operation of most HHS programs and, in particular, for accommodating customer needs "up front" and providing TA in advance.

  - EFOIA requires a vast expansion in the information made available to the public in electronic format. Placing major categories of information sources on Internet sites, in ASCII or HTML format, searchable, will not only meet the legal requirement, but also provide an excellent opportunity for improving technical assistance.

  - It will soon be possible to provide access to a "data warehouse" encompassing abstracts of all Federally-funded research projects in progress (a prototype system operated by RAND exists today). This information could be made available to all HHS partners (researchers, practitioners, etc.), easily searchable, on the Internet. This would greatly improve the ability to coordinate research, to locate experts, to get research results rapidly, etc. (It would also reduce duplication and waste.)

- Major partners such as State associations, professional associations, and practitioner associations should be encouraged and, as appropriate, funded, to put in place their own Internet services to provide technical assistance to their own members. Many have already done so (e.g., the American Public Welfare Association and numerous health associations). Such services can complement each other and those provided by HHS. For example, there are several Web

sites relating to welfare reform, not all of which agree with the particulars at the HHS Web site (or even with the recent statutory change). What is perhaps best about these efforts is that they are not duplicative, and not competing, but complementing. No one Web site can reasonably expect to provide "all the information fit to print." All HHS agencies should actively encourage such complementarity, and never eschew linking HHS sites to external sites that may not agree with HHS policy in every particular but that provide important and accurate mission-related information. In no case should HHS refuse to collaborate with or recognize the existence of an external site simply on grounds of independence, for-profit ownership, or policy disagreement (lack of original material or poor taste, of course, would justify ignoring other sites).

- As agencies expand their Internet presence, they should consider all possibilities for providing interactivity. When a two-way line of communication is established among different customers or between customers and technical assistance providers, the value of the technical assistance can only increase. There are many fast, simple, and inexpensive (inexpensive both for HHS to set up and for customers to use) methods of providing such communication lines through the Internet. Attachment C contains information on public forum software available for the Web.

- Although we have no control over the Web as a whole, HHS should be forward thinking in making decisions regarding its own Internet infrastructure. All agencies should be prepared to make hardware improvements appropriate to the number of new users and new resources they foresee coming online. In addition, the IRM Council should lead a planning effort to anticipate and handle possible emergencies that might inundate HHS with millions of information requests.

- The Secretary has already instructed all HHS agencies to give their employees full Internet access in 1997, where feasible. This goal is very important to using the Internet for technical assistance. Employees who are not "Internet literate" will find it very difficult to use it as a tool in their work.

- Every HHS agency, and the Office of the Secretary as an entity, should develop an Internet management structure. A common and effective approach is to use a committee with members providing communication, content program, policy, and technical computer and Internet skills from different agency components. Many variations are possible, depending even or especially on "volunteer" skills and resources. The crucial need is to have a focal point to bring together the disparate skills needed to sponsor effective Internet services, to serve as a point of responsibility and internal technical assistance, and to lead efforts to develop and improve services.

MEMBERS OF THE INTERNET SUBGROUP

Walt Francis, co-chair	ASPE, and co-chair of the HHS Internet Reinvention Laboratory
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Most subgroup participants are experts either in technical assistance, Internet, public affairs (or in all three areas). The report also draws extensively on the shared experiences of HHS agencies as communicated through the Internet Reinvention Laboratory. No particpant necessarily agrees with all of the conclusions reached in the report

ATTACHMENT A

Sample HHS and Related Technical Assistance Efforts on the Internet as of March 1997

OPDIV	EXAMPLE OF ONLINE TA	FEATURES
AHCPR	AHCPR Home page http://www.ahcpr.gov	Provides grant announcements, RFP announcements, report summaries, online access to CONQUEST database (clinical performance measures for consumers, purchasers and providers). Electronic order form for User Liaison Program (TA program) workbook.
AOA	Resource Page for Practitioners and Other Professionals in Aging http://www.aoa.dhhs.gov	Lists background and contact information for TA resource centers supported by AOA. Online access to the ElderCare Locator database. Hyper linked directory of State agencies on aging.
ACF	Welfare Reform http://www.acf.dhhs.gov/news/welfare/index.html	Comprehensive and current collection of documents aimed at aiding states in developing and submitting plans for implementing TANF.
CDC	CDC Wonder http://www.wonder.cdc.gov	Information Exchange provides for peer-to-peer TA as it allows local health depts. to post documents and solicit feedback. Various CDC databases and report catalogues are accessible to health officials at all levels. Fostered the development of the Information Network for Public Health Officials.
FDA	Center for Devices and Radiological Health Home Page http://www.fda.gov/cdrh/index.html	Provides guidance to industry in the completion of medical device applications and allows for electronic submission. Applicants with the proper hardware can also communicate with FDA by video conference (the web site provides information on hardware requirements and who to contact)
HCFA	HCFA Home page http://www.hcfa.gov	Provides easy-to-use form for electronically submitting Medicaid- and Medicare-specific questions as well as general questions regarding HCFA programs and policies. Presumably provides timely response. Also has downloadable professional and technical publications, databases of statistics indicators, and links to relevant laws and regulations.
HRSA	HRSA Home page http://www.hrsa.dhhs.gov	The HRSA Home page provides online grant application resources including downloadable grant applications.

OPDIV	EXAMPLE OF ONLINE TA	FEATURES
IHS	Health Care Provider's Page http://www.tucson.ihs.gov/6Infonet/PROFESSIONAL/PROFHOME.HTM	Online IHS primary care newsletter, links to relevant clinical guidelines, and descriptions of services available to providers along with contact information.
NIH	CRISP (Computer Retrieval of Information on Scientific Projects) http://www.nih.gov/grants/ora/crisp.htm	Gopher-based biomedical database system containing information on research projects and programs supported by the Department of Health and Human Services. Currently working to improve search and retrieval capabilities of the system to include field specific retrieval, relevance ranking, proximity, and concept-based retrieval.
SAMHSA	PrevLine (National Clearinghouse for Alcohol and Drug Information) http://www.health.org	Provides forums for CSAP grantees and affiliates to discuss pertinent SA issues. Online searchable databases of substance abuse prevention materials. Calendar of upcoming conferences which can be amended online.
SAMHSA	Knowledge Exchange Network (KEN) http://www.mentalhealth.org	Lists background information, links and/or contact information for 16 SAMHSA-supported TA centers. Provides downloadable mental health statistics and an online searchable database of mental health organizations. The Consumer/Survivor Database of Interests allows individuals to add their name, contact information, and a list of interests for which they are willing to act as a resource, or around which they simply wish to network.
ATSDR	HazDat Database http://atsdr1.atsdr.cdc.gov:8080/hazdat.html	Online searchable relational database of developed to provide access to information on the release of hazardous substances and the possible health effects.

OPDIV	EXAMPLE OF ONLINE TA	FEATURES
OTHER SITES		
HandsNet	HandsNet Forums http://www.handsnet.org	As the "national, online network of the human services community," HandsNet facilitates communication and collaboration through online forums (forums are based on 8 different human services topics) among members from across the country. Members can also send out "Action Alerts" to other members regarding new legislation, policies, etc. There is a Welfare Watch page devoted to presenting new developments in welfare reform.
HUD	Technical Assistance for Business/Community Partners http://www.hud.gov	Lists Best Practices for HUD community projects, calendar of related upcoming events, and provides links to TA resources for Empowerment Zones/Enterprise Communities.
NASMHPD	National Association of State Mental Health Program Directors http://www.nasmhpd.org	Director's Forum facilitates peer-to-peer TA among state mental health directors by providing electronic communication. The site also provides links to all state mental health agencies that are online, as well as links to KEN and other mental health TA resources.
Healthtel Corporation	Medical Matrix: Guide to Internet Clinical Medicine Resources http://www.slackinc.com/matrix	Commercial searchable database of annotated health links aimed at health care professionals. Subject index provides for fairly efficient navigation. Rated highly by Consumer Reports.
Medscape	Medline http://www.medscape.com	"World's largest medical abstract database." Online searchable database of full-text health-related articles from both government and private sector sources. Targeted toward both health professionals and consumers.

ATTACHMENT B

National Health Information Center's Database of HHS and Other Federal Information Centers and Clearinghouses as of March 1997.

CLEARINGHOUSE NAME	ON WEB	SEARCH DATABASE	INTERACTIVE FORUMS
Agency for Health Care Policy and Research Clearinghouse, AHCPR	Yes	Yes	No
Alzheimer's Disease Education and Referral Center, National Institute on Aging	Yes	Yes	No
Cancer Information Service, National Cancer Institute	Yes	Yes	No
CDC National AIDS Clearinghouse	Yes	Yes	No
Clearinghouse for Occupational Safety and Health Information, NIOSH	Yes	Yes	No
Communication and Information Services, U.S. Department of Education			No
Consumer Information Center, U.S. General Services Administration	Yes	Yes	No
Data Dissemination Branch, National Center for Health Statistics, CDC	Yes	Yes	No
Drug Information and Strategy Clearinghouse, HUD			No
ERIC Clearinghouse on Teaching and Teacher Education, U.S. Dept. Of Ed.	Yes	Yes	No
Food and Nutrition Information Center, USDA	Yes	Yes	No
Hereditary Hearing Impairment Resource Registry, National Institute on Deafness and Other Communication Disorders	Yes		No
HUD USER, HUD	Yes	Yes	No
Information Resources and Inquiries Branch, National Institute of Mental Health	Yes	Yes	No
National Aging Information Center	Yes	Yes	No
National Arthritis and Musculoskeletal and Skin Diseases Information Clearinghouse, National Inst. of Arthritis and Musculoskeletal and Skin Diseases	Yes	Yes	No
National Audiovisual Center, U.S. Department of Commerce			No
National Center for Chronic Disease Prevention and Health Promotion, CDC	Yes	Yes	No

CLEARINGHOUSE NAME	ON WEB	SEARCH DATABASE	INTERACTIVE FORUMS
National Center for Education in Maternal and Child Health, HRSA	Yes	Yes	No
National Center on Sleep Disorders Research, National Heart, Lung, and Blood Institute	Yes		No
National Clearing House of Rehabilitation Training Materials	Yes	Yes	No
National Clearinghouse for Alcohol and Drug Information, SAMHSA	Yes	Yes	Yes
National Clearinghouse for Primary Care Information, HRSA			No
National Clearinghouse on Child Abuse and Neglect Information, National Center on Child Abuse and Neglect	Yes	Yes	No
National Clearinghouse on Families and Youth, Family and Youth Services Bureau			No
National Diabetes Information Clearinghouse, National Institute of Diabetes and Digestive and Kidney Diseases	Yes	Yes	No
National Digestive Diseases Information Clearinghouse, National Institute of Diabetes and Digestive and Kidney Diseases	Yes	Yes	No
National Eye Health Education Program, National Eye Institute	Yes		No
National Health Information Center, DHHS	Yes	Yes	No
National Heart, Lung, and Blood Institute Education Programs Information Center, National Heart, Lung and Blood Institute	Yes		No
National Highway Traffic Safety Administration, DOT	Yes	Yes	No
National Information Center for Children and Youth with Disabilities, Dept. of Education	Yes	Yes	No
National Injury Information Clearinghouse, U.S. Consumer Product Safety Commission			No
National Institute of Neurological Disorders and Stroke	Yes	Yes	No

Clearinghouse Name	On Web	Search Database	Interactive Forums
National Institute on Aging Information Center, National Institute on Aging	Yes		No
National Institute on Deafness and Other Communication Disorders Information Clearinghouse, National Institute on Deafness and Other Communication Disorders	Yes	Yes	No
National Kidney and Urologic Diseases Information Clearinghouse, National Institute of Diabetes and Digestive and Kidney Diseases	Yes	Yes	No
National Lead Information Center			No
National Library Service for the Blind and Physically Handicapped, Library of Congress	Yes	Yes	No
National Maternal and Child Health Clearinghouse, HRSA			No
National Mental Health Services Knowledge Exchange Network, SAMHSA	Yes	Yes	Yes
National Oral Health Information Clearinghouse, National Institute of Dental Research	Yes	Yes	No
National Rehabilitation Information Center, National Institute on Disability and Rehabilitation Research	Yes		No
National Resource Center on Homelessness and Mental Illness, SAMHSA			No
National Sudden Infant Death Syndrome Resource Center, HRSA			No
NIEHS/Environmental Health	Yes		No
Office of Alternative Medicine, NIH			No
Office of Communications, National Institute of Allergy and Infectious Diseases	Yes	Yes	No
Office of Consumer Affairs, FDA	Yes	Yes	No
Office of Minority Health Resource Center, Office of Minority Health	Yes	Yes	No
Office of Navigation Safety and Waterway Services, U.S. Coast Guard			No

Clearinghouse Name	On Web	Search Database	Interactive Forums
Office of Population Affairs Clearinghouse, Office of Population Affairs			No
Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion, CDC			No
Office on Women's Health, Department of Health and Human Services			No
Osteoporosis and Related Bone Diseases National Resource Center, National Institute of Arthritis and Musculoskeletal and Skin Diseases	Yes	Yes	No
Policy Information Center, DHHS	Yes	Yes	No
President's Council on Physical Fitness and Sports			No
Rural Information Center Health Service, Rural Information Center	Yes		No
The Weight-Control Information Network, National Institute of Diabetes and Digestive and Kidney Diseases	Yes	Yes	No
U.S. Consumer Product Safety Commission	Yes		No
U.S. Environmental Protection Agency Public Information Center, EPA	Yes	Yes	No
Center for Food Safety and Applied Nutrition, U.S. Food and Drug Administration	Yes	Yes	No

Appendix F

Report of the Regional and Field Office Subgroup

Overview

The Subgroup on Regional and Field Office Issues of the Technical Assistance and Training Liaison Group was tasked to: (1) examine the forms of Technical Assistance (TA) and training provided through Department of Health and Human Services (HHS) regional and field offices; (2) identify examples and components of effective TA and training; and (3) describe barriers to providing effective TA and training.

Findings and Examples

The Subgroup has found that the provision of effective technical assistance is a key component of the Department's leadership in the delivery of health and human services. In many cases, regional and field offices are the primary source for addressing the TA and training needs of the Department's partners, which includes states, local governments, tribes, and grantees. In some instances, TA is the partner's major contact with HHS.

Generally, technical assistance provided at the regional and field office levels focuses on program or grant operation and is intended to help our partners design, plan, implement and evaluate their programs, with the goal of improving program performance. TA occurs throughout the life of the program or grant and appears to be most effective when the TA/training recipient and HHS TA/training provider have jointly planned the assistance.

The Subgroup identified several themes around the provision of technical assistance and training, including:

- technical assistance and training are defined broadly;
- effective TA and training have common elements; and
- regional and field offices around the country experience similar obstacles, barriers and problems to providing effective TA and training.

The Broad Scope of Technical Assistance and Training

Regional/Field Offices Consider Many Activities As TA and Training

Program offices broadly define technical assistance and training. Our Subgroup learned, for example, that

HHS regional and field office TA and training includes:

- the facilitation of or participation in conferences on program issues;
- Department representatives giving speeches before constituency groups;
- "day to day" work activities, including meetings, phone or videoconferencing communications, site visits with program administrators and grantees;
- dissemination of information through "action transmittals," information memoranda, sharing of research findings or best practices;
- "listening sessions" with partners to identify and attempt to resolve problems and issues involving HHS programs and policies;
- work with state and local programs to complete statutorily-required compliance reviews and to monitor program progress and outcomes and develop service delivery strategies;
- HHS facilitation of discussions and collaboration between state and local governments and tribal leaders.

Many Mechanisms for Providing Technical Assistance and Training

The Subgroup found that regional and field offices provide TA and training in many different ways. As the examples below indicate, there is no "cookie cutter" approach to providing technical assistance or training. Often, the need seems to determine the means.

The Administration for Children and Families (ACF)

Has initiated a series of "problem solving/facilitation" activities in regional offices to foster the development of joint strategies among HHS and state and local and/or grantee partners. In Region IX, for example, the regional office has worked with state Head Start associations, Head Start collaboration grantees, and technical assistance contractors to develop a strategy for addressing issues raised by the new federal welfare reform legislation. The regional office also has worked with state child support agencies, local district attorneys, and advocacy groups to identify ways to improve child support enforcement.

The Administration on Aging (AoA)

Provides AOA Regional Nutritionists to State Agencies on Aging to train state staff on food sanitation, food service management, nutrition education techniques, U.S. Department of Agriculture commodity food usage, and meal quality standards. In addition to providing such assistance, the nutritionist in Region I has helped states design training programs for their elderly nutritionist staffs.

The Centers for Disease Control and Prevention (CDC)

Uses "program consultants" extensively for the provision of technical assistance. These individuals are based at CDC headquarters in Atlanta and are assigned to grant recipients. Program consultants manage grant awards and are a direct resource to and "one-stop shop" for grantees through the life of the grant. They monitor a grant project's progress, provide

consultation in planning, implementing and evaluating the project, and serve as the CDC liaison to the project.

Perhaps CDC's most commonly used mechanism for providing TA is the "public health advisors" (PHAs). PHAs can be based at the CDC headquarters in Atlanta but are often based onsite in the state or local government agencies. These individuals provide TA to state and local health departments for program planning, implementation and evaluation. Sometimes PHAs even provide direct patient services, staff supervision, and participate in operations management. Interestingly, PHAs are not affiliated with a "field office." They are considered "assignees" to their project and basically blend into the state or local program to which they have been sent. Their connection to CDC generally is through a program consultant, as opposed to a regional or field office.

The Food and Drug Administration (FDA)

Provides technical assistance to industries the agency regulates through FDA's small business representatives (SBRs). The SBR, located in the region, provides personal consultation and guidance to businesses regulated by the FDA and assists them in meeting FDA requirements. The SBR interacts with a regulated industry through office visits, site audits, telephone contacts and by providing technical data to industry representatives. The SBR organizes and participates in educational seminars for businesses on FDA requirements.

FDA also provides TA and training to state partners, funded through a "partnership fund." As an example, the Region VI State Cooperative Program Team works with state partners to provide technical expertise and training on milk, food and shellfish issues. FDA specialists in these areas provide consultation and classroom training for state and local government staff as well as industry representatives.

The Health Care Financing Administration (HCFA)

Regional offices provide technical assistance to state Medicaid agencies on all types of Medicaid issues concerning services, eligibility, coverage, computer systems, and managed care. Much of this TA involves helping states develop proposals for waivers from certain Medicaid requirements that would allow the states to administer special managed care programs, provide home- and community-based services, or even operate a major statewide health care reform demonstration.

The Health Resources and Services Administration (HRSA)

Offers a wide variety of health care services and delivery experts for its TA efforts. Regional staff from HRSA bureaus include physicians, dentists, nurses, pharmacists, social workers, and hospital administrators who provide expertise and advice for HRSA grantees, states and local governments. HRSA staff provide both individualized TA as a result of a customer inquiry as well as more generalized TA through site visits and "prepackaged" seminars on specific issues (e.g., managed care, treatment of pregnant HIV+ women, or new initiatives).

The Indian Health Service (IHS)

Field representatives provide important technical assistance through facilitating meetings between state government, local government and tribal leaders. One such recent effort in Region VIII brought these officials together to develop an effective breast and cervical cancer screening program for Native American women. Furthermore, IHS has developed memoranda of agreement between IHS and state cancer registries in Minnesota, California, Arizona and New Mexico to share data and improve racial ascertainment in state registries.

The Office of Civil Rights (OCR)

Regional offices operate an OCR "hotline" to counsel callers on civil rights laws and complaint processes. OCR also maintains a resource library of audio and visual materials for use by individuals as well as public and private organizations. These mechanisms complement the agency's use of the more traditional means of information dissemination such as conferences, phone contacts, and mailings.

OCR also provides technical assistance when a complaint is filed with the agency. First, OCR works with recipients and complainants to mediate the issue identified in the complaint, then during the investigation, the agency informs the parties on their rights and obligations under federal law. Finally, if a violation is found, OCR works with the recipient to develop a corrective action agreement and then provides TA to help the recipient meet the requirements of that agreement.

Much of the work of the ***Office of General Counsel (OGC)*** regional offices is considered internal TA because OGC provides legal advice on an array of program and policy issues for other HHS regional OPDIVs, as well as to different divisions in its own agency. As one example, the Region I OGC has established e-mail "chat" groups that permit relevant office components working on a particular matter to ask questions, raise issues, and share documents.

Programmatic vs. Non-Programmatic Technical Assistance

The ***Regional Health Administrator's Office*** in Region VIII observed that regional office staff really offer two types of technical assistance. One type, illustrated by many of the examples above, is programmatically oriented. In other words, regional office staff members provide TA and training by disseminating program information and offering other forms of assistance directly to the grantee or program administrator.

Yet other regional staff provide technical assistance through a more indirect, nonprogrammatic means, i.e., through facilitation of project collaborations and discussions across regional HHS Operating Divisions, other federal agencies, and even state, local, and tribal governments.

Examples of such staff include the ***Minority Health Coordinators***, ***Women's Health Coordinators***, and ***public health advisors***. The technical assistance offered by these individuals may be directed to state health departments, community groups, individual providers, or other federal agencies.

As an example, Region VIII established a ***Regional Interagency Immunization Group (RIIG)*** in response to implementation of the Vaccines for Children Initiative. The group consisted of representatives from HCFA, HRSA, other Public Health Service Agencies, ACF/Head Start, the USDA Women, Infants and Children (WIC) program office, and the HHS Technical Support Center. These agencies meet to exchange information and develop strategies or working with their constituencies in the Region VIII states to improve immunization rates.

The Office of the Regional Health Administrator (ORHA) collaborates with agencies such as FDA's district office in providing training on FDA's new tobacco regulations, AIDS fraud and consumer skill building, new labeling regulations, and other FDA initiatives. OHRA is also responsible for coordinating, on behalf of the Secretary and Regional Director, the health and medical response for emergencies and disasters. These coordination responsibilities include working closely with agencies such as the Department of Defense, Federal Emergency Management Agency, Environmental Protection Agency, Veterans Administration, and state affiliates.

Training

Although most of this report has focused on technical assistance, the Subgroup also identified several examples of training provided at the regional and field offices as well. Many regional staff provide training as a separate activity from technical assistance.

The Indian Health Service, for example, provides training on current medical topics for IHS doctors, physician assistants, and other health care providers, as well as training for community health representatives and emergency medical technicians. As tribes move more toward self-determination, IHS provides training to help make the transition smoother. The agency, for example, offers tribal administrators, managers and support staff training on information systems issues such as building and operating computerized administrative and medical records systems.

The CDC Outreach Coordinator for Immunization provides training on strategic planning, partnership and coalition building, as well as working with the media. The Minority Health Coordinator trains grantees on topics such as grant writing and advisory board development.

Training also includes training federal staff. ***The Regional Health Administrator's Office*** in Region VIII, for example, provided AIDS training to all federal employees at FDA and other HHS and federal agencies.

Positive Patterns: Effective Technical Assistance and Training

The Subgroup on Regional and Field Office Issues identified a number of effective technical assistance and training activities, some of which are briefly described in the previous sections. The following are more specific examples of successful technical assistance that also illustrate

common elements of an effective TA program in the changing environment of federal-state partnership.

As more responsibility for the delivery of health and human services has devolved to the states, local governments and tribes, the Department appears to have begun to refocus the scope and goals of its technical assistance. The Subgroup has seen a new emphasis on building partnerships between our Department and these entities to achieve specific outcomes that will improve program results.

One current and highly visible example of this new emphasis is our Department's efforts to educate state, local government and tribal leaders on the requirements of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which transforms the federal welfare program, Aid to Families with Dependent Children (AFDC), into a new block grant, the Temporary Assistance for Needy Families (TANF) program. Although HHS headquarters staff have held numerous briefings and consultations with state and local government organizations, much of this work is occurring through regional offices.

All HHS regional offices — often in conjunction with other federal agencies such as the Department of Labor, Department of Education, Department of Housing and Urban Development, Department of Justice, and the Social Security Administration — have met regularly with state, local and tribal officials to discuss the details of the new legislation and to obtain input on specific issues which our Department must address through either regulation or program guidance.

As another example, ***the Region I ACF Office*** recently facilitated an agreement with the six New England states and the regional office to collaborate on region-wide as well as state specific strategies for improving the child support enforcement program throughout the region. This child support "compact" includes:

- periodic computer matching of Title IV-D caseloads among the New England states that permits these states to compare child support enforcement cases with state information on new hires, quarterly wage reports, and other available state financial information.
- expediting Title IV-D child support enforcement interstate cases initiated by members of the regional compact, with an emphasis on AFDC-related cases, particularly those requiring paternity establishment.
- identifying and sharing model legislation and best practices with all parties to the New England regional compact.

The Region VII ACF Office has reached partnership agreements with the four states in the region around common areas of interest: welfare reform implementation, information technology, performance-based devolution, and outcome measurement. For each, a work group is formed consisting of representatives of each state and the regional office. These work groups develop initiatives and approaches to resolving problems which each state can apply in its environment. The regional office acts as convener, staff support, and full contributing member of each of the groups.

CDC has established several ***"Model Centers for Excellence"*** — training centers that serve as a source of expertise for technical assistance and consultation. Beneficiaries of this TA include state and local health departments, Indian tribes, and non-profit organizations. Three model centers for tuberculosis (TB) prevention and patient and program management have been opened in New York, New Jersey, and San Francisco.

Similar to the TB Model Centers, ***CDC*** has established regional ***Sexually Transmitted Diseases (STD) Training Centers*** that work closely with private providers to build capacity in the community to address the particular disease issue. In addition, CDC has launched a center at the University of North Carolina-Chapel Hill to address health issues related to tobacco for state and local health departments, international health officials, and students.

From these and other examples of successful TA programs, our Subgroup identified several elements of effective TA and training provided at the regional and field office levels. These elements include:

- collaboration between program experts and TA recipients in the development of the TA and/or TA product;
- sufficient training for those performing the TA;
- adequate resources to provide the TA, which includes travel and staff resources;
- ability to disseminate "best practices" information; and
- adequate support from "headquarters" that includes ready access to program experts and "quick turnaround" on program and policy issues

Issues Still to be Addressed: Barriers and Obstacles to Effective Technical Assistance and Training

The Subgroup received considerable input from regional and field offices on barriers and obstacles to providing effective technical assistance and training. These included:

- lack of travel resources;
- lack of staff resources;
- lack of resources for staff development;
- need for more timely responses from the headquarters office on program and policy issues;
- lack of knowledge by potential recipients that TA and training is available;
- difficulty in accessing TA sources, particularly in remote or rural sites and where communications technology is limited;
- lack of trust of federal or state governments, particularly among Native American tribes;
- failure by TA providers to consider the cultural context when delivering TA (e.g., observing appropriate protocol among tribal officials)

Subgroup Recommendations

The Subgroup identified several examples of highly effective technical assistance, elements common to most of those examples, and barriers to implementing successful TA and training programs. Based on our observations, we would provide the following recommendations for improving the TA and training that our Department provides:

OPDIVs should clearly define the TA and training products they want to provide and the desired outcomes.

Staff and budget resources for TA and training should reflect agency goals — it is extremely difficult to accomplish ambitious goals without adequate resources.

HHS should consider ways to maximize its own resources for technical assistance and training by:

- where feasible, delegating training to the level/location closest to clients to minimize travel expenses;
- supporting the use of videoconferencing;
- supporting the training of regional/field office staff to operate communications tools; and
- providing technology to regional offices to facilitate information exchange.

HHS Headquarters should consider ways to maximize the resources of those receiving technical assistance by:

- supporting more investments in telecommunication technology;
- promoting a greater use of nonprogrammatic regional office staff in providing TA and training during their regular visits to grantees, states, tribes, and communities; and
- scheduling consecutive meetings and TA workshops so that participants do not have to travel excessively.

HHS should examine the overall structure for TA and training by:

- defining the responsibilities of the regional offices versus central office staff for training and technical assistance;
- speeding information exchange so that regional offices can react to constituent requests for information and technical assistance.
- regularly evaluating whether the TA and training being delivered meets the goals of the OPDIV and the needs of the recipients.

With respect to barriers unique to tribes, HHS should build more trust between tribes and the federal government and tribes and states by:

- making more use of regional office staff to work with IHS, Indian Health Boards, and tribes;
- convening state by state meetings for states, tribes, and IHS to focus on health and public health issues; and
- empowering regional staff to encourage both states and tribes to begin joint planning activities.

Conclusions

The Subgroup found that the Department is providing a considerable amount and range of TA and training through the regional and field offices. Much of this effort appears to be effective and helpful, at least from the Department's perspective. Should the Secretary's initiative continue, our Subgroup would want to work the Customer Service Subgroup to determine how the ultimate recipients of this TA and Training would evaluate our Department's performance.

In addition, the Subgroup on Regional and Field Office Issues identified several common elements to effective technical assistance and training as well as barriers or obstacles to providing such effective assistance. Perhaps not surprisingly, when an element to effective TA is missing from a particular TA effort, its absence is often cited as a barrier to providing the quality TA and training that a grantee or other user needs and demands. Thus, adequate resources, clearly defined objectives for TA/training, and mutual agreement between HHS and recipients on the need for and proposed outcomes for TA/training become key ingredients in either the success or failure of a particular technical assistance or training program.

Perhaps the "bottom line" of our Subgroup's findings is that to provide an effective TA and training program, and to address the recommendations presented above, HHS must work closely with all stakeholders in these activities to achieve clear definition of and commitment to the goals and outcomes of TA and training. These stakeholders include not only regional and field office staff but also representatives from state, local and tribal governments, public and private sector grantees, and others who receive the TA and training that our Department offers. As the role of theDepartment of Health and Human Services continues to change, and it surely will, so will the TA and training needs of our partners who must also adapt to a world of more shared responsibilities for delivering effective health and human services programs to our nation's citizens.

Members of The Regional and Field Office Subgroup

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Appendix G

Report of the State Issues Subgroup

The State Issues Subgroup of the Secretary's Training/Technical Assistance Liaison Group was responsible for determining the effectiveness of Department of Health and Human Services (HHS) training and technical assistance efforts directed toward states and for making recommendations to Departmental agencies to improve the quality of training and technical assistance that they provide. The objectives of the subgroup were: to address strengths and weaknesses in the provision of training and technical assistance by Departmental agencies; to stimulate changes, where necessary, in the types and methods of training and technical assistance provided; and, ultimately, to help states make the most efficient use of scarce resources.

In order to determine how the Department can improve its approach to providing training and technical assistance, the subgroup divided its efforts into two courses of action. First, it conducted surveys and analyzed information gathered from a number of state health and human service agencies. Second, it surveyed and analyzed information gathered from several intergovernmental organizations that traditionally have assumed a major role in the provision of training and technical assistance to states.

OVERVIEW

State governments are responsible for administering an array of health and human services programs supported by funding from the HHS. This report focused on the results of surveys of several state agencies receiving funds from Departmental agencies. By analyzing the results of the surveys, the subgroup was able to develop several recommendations on training and technical assistance to strengthen the capacity of state agencies to provide the services for which they receive Departmental funding.

The survey found that states request training and technical assistance from HHS agencies for a variety of reasons but, most frequently, to help them in interpreting federal laws, regulations, and policies. About half of the states surveyed have formal procedures for obtaining training and technical assistance from the Department. The overwhelming majority of states do, in fact, request training and technical assistance from HHS and, most often, seek such assistance from the regional office.

Not unexpectedly, most of the states identified decreases in funding as the primary impediment to the effective provision of training and technical assistance to the states by

HHS agencies. States were particularly concerned about decreases in federal appropriations that have resulted in reduced travel and continuing education for their staff.

Many state agencies surveyed have devised, what they consider to be, effective mechanisms to cope with declining resources from the Department, in order to maintain or improve the provision of training and technical assistance for their staff. Some of these coping mechanisms are the basis for the recommendations in this report by the State Issues Subgroup to enhance the provision of training and technical assistance by the Department.

Subgroup Process

The subgroup developed two survey instruments -- one for states and another for intergovernmental organizations such as the National Governors' Association, the National Conference of State Legislatures, the American Public Welfare Association, the National Association of Boards of Pharmacy and the American Association of Feed Control Officials. The OPDIVs on the subgroup were tasked with surveying states of their choice and intergovernmental organizations with which they interact most frequently. Once all of the survey results were in, the State Issues Subgroup prepared this report. It includes the OPDIV specific information, an analysis of the survey findings and overall recommendations for the group.

The survey instruments primarily solicited information on:

- The types and recipients of HHS-related training and technical assistance provided by and to states;
- Recommended strategies for improving the provision of training and technical assistance; and
- Identification of states' unmet or new training and technical assistance needs.

The Technical Assistance Survey for States was completed by seventeen states selected by central and regional office personnel of HHS who have effective working relationships with state agencies. The OPDIVS that participated in the survey were granted the discretion of choosing the specific states that they would survey. For the most part, the individuals completing the surveys were not agency heads, but were senior ranking program staff of state agencies that receive funds from the Department. The states surveyed were as follows:

Alaska
Arizona
California
Connecticut
Hawaii
Idaho
Illinois
Maine
New Hampshire
Nevada
North Dakota
Oregon
South Dakota
Texas
Utah
Vermont
Washington

FINDINGS

Types of Activities Examined by the Subgroup

The survey instruments looked at a number of different issues that the subgroup concluded would have a significant impact on HHS efforts to provide effective training and technical assistance to state agencies. These factors included determining: (a) the primary recipients of training and

technical assistance; (b) the types of training and technical assistance requested by states; (c) methods of requesting training and technical assistance; (d) contracting out training and technical assistance; (e) barriers to the provision of training and technical assistance; and (d) evaluating the effectiveness of training and technical assistance.

Primary Recipients of Training and Technical Assistance

The states surveyed generally agreed that the primary recipients of technical assistance are program directors and staff of state and local agencies, such as health departments and area agencies on aging; legislatures; consumers; program volunteers; regulated industry; and other federal agencies.

Types of Training and Technical Assistance Requested by States

The states generally agreed that the type of training and technical assistance they require most frequently includes interpretations of federal laws, regulations and policies on program issues. Assistance is requested in the form of workshops, seminars, meetings, legal opinions, information memorandums to the state and local agencies, letters to industry and training sessions.

A significant number of the state agencies that were surveyed reported that they provide substantial training and technical assistance to local agencies for a variety of reasons, including to improve their financial management systems and grant application processes.

Of the seventeen states surveyed, only four reported that they do not request the Department of Health and Human Services' aid in providing training and technical assistance to their program staff. Those states seeking HHS assistance overwhelmingly reported that they use the regional offices to provide the training and technical assistance.

Methods of Requesting Training and Technical Assistance

About 50 percent of the states reported that they have a formal mechanism in place to obtain training and technical assistance requests from their primary customers. Many of these requests are received through periodic assessments conducted by the state. The Arizona State Agency on Aging, for example, holds an annual assessment of area agencies on aging and their major subcontracting service providers. During this assessment, weaknesses are identified, and area agencies on aging and subcontractors are given the opportunity to request training and technical assistance.

Texas reports that new state employees in its Food and Drug program initially trigger efforts to provide training and technical assistance for the hired staff. Additionally, changes in statutes, rules and policies trigger training and technical assistance. Responses from staff also trigger efforts as problem areas are identified. Technological changes in industry, or particular problems associated with regulating industry, will trigger efforts to provide training and technical assistance.

Contracting Out Training and Technical Assistance

The majority of states contract out some of their training and technical assistance activities. Typically, training and technical assistance is contracted out for those activities for which expertise does not exist within the agency or within another state agency. This may include such activities as Total Quality Management, ethics training, conflict management, human rights training and certain computer courses. The survey found, however, that states contract for a wide range of other types of training and technical assistance services, such as the following:

- Alaska uses consultants to work with local project directors to develop strategic plans for administering programs.
- Connecticut has used contractors to develop innovative techniques for nursing home personnel working with difficult patients.
- Nevada uses outside contractors to provide respite services for overburdened family caregivers.

Barriers to the Provision of Training and Technical Assistance

When identifying barriers, the majority of the respondents indicated that the lack of funds and other resource limitations inhibit the provision of training and technical assistance. Specifically, states cited reductions in federal appropriations and/or state funds for travel and continuing education.

Some states have unique barriers that prevent effective provision of training and technical assistance. For example, Alaska reported that the state's remote location and distance of service providers and clientele is a particular barrier in carrying out many of its programs.

The most frequently cited mechanism by states for addressing barriers to training and technical assistance is through the expanded use of technologies such as e-mail, the Internet, facsimile machines and teleconferencing.

Evaluating the Effectiveness of Training and Technical Assistance

Most states evaluate the effectiveness of the training and technical assistance that they provide through on-site assessments and formal audits. Some states have no formal process to evaluate their effectiveness but rely on feedback from other agencies, program staff, consumers and other customers. Effectiveness is often assessed through evaluation forms completed by participants and recipients of training and technical assistance.

Examples of Effective State Approaches to Training and Technical Assistance

The states have adopted various approaches to improve the provision of training and technical assistance. A number of states rely upon extensive involvement with national intergovernmental or professional organizations and their regional affili-

ates such as the National Governors' Association, the American Public Welfare Association, the National Association of State Units on Aging, the Association of Food and Drug Officials, the National Environmental Health Association and the International Association of Milk, Food and Environmental Sanitarians. The subgroup's report on the survey of intergovernmental groups will discuss in detail the involvement of several of these organizations in the provision of training and technical assistance to the states.

States reported the following approaches to improving the provision of training and technical assistance within their own jurisdictions:

- Idaho provides specialized training to state staff on program information systems reporting;
- Oregon attempts to ensure state staff participation in HHS regional meetings and training;
- Illinois is providing less generic training and more training targeted to specific issues;
- Alaska sponsors retreats and facilitates staff participation in national conferences and meetings of professional and intergovernmental organizations. The state provides staff accessibility by teleconference to the legislature's sessions and other state meetings.
- Washington has increased field staff to provide program training by 25 percent. The state has instituted interactive video training.

Specific Requests for Training and Technical Assistance

The states listed a number of areas in which they want to see HHS provide additional training and technical assistance:

- Washington requested additional training and technical assistance on federal regulations and policies related to fiscal management of HHS programs.
- North Dakota identified the need for additional assistance to help states replace institutional care with more in-home services for older persons in need of long term care.
- Utah suggests that HHS provide states with additional training and technical assistance related to federal welfare reform legislation as well as new legislation related to the Medicare and Medicaid programs.
- Hawaii and Nevada recommend further technical assistance and training related to performance-based contracting.
- California, a state with one of the largest Native American populations, expressed the need for additional training and technical assistance in Older Americans Act Title VI programming to serve Native American elders better.
- The State Agency in Oregon, Vermont, South Dakota and Connecticut identified a need for training and technical assistance in the area of providing enhanced access to managed care for the elderly.
- South Dakota wants more training and technical assistance on mental

issues and marketing of programs to reach the isolated elderly.

- Texas identified several areas in which its Food and Drug program staff need additional training and technical assistance from HHS. First, adequately fund the current state training courses that are available so that states do not have to rank which courses it wants when there are competing priorities. Very often state Food and Drug staff are in need of several courses (in areas related to milk, seafood, food codes, drugs and medical devices). The state is forced to set priorities and receives training in only one or two areas.

- California suggests continued expansion of the FDA's World Wide Web site.

RECOMMENDATIONS

The majority of state agencies identify decreasing resources along with increases in the number of persons in the target population of their programs as the major barriers to maintaining or improving the level of training and technical assistance to their staffs and others involved in implementing their programs. The subgroup's recommendations are intended to address problems associated with this increase in need and decline in resources. The subgroup recommends that HHS:

- focus greater attention on providing direct training to state staff and individuals at the local level in the form of more regional and national workshops;

- make greater use of the Internet, e-mail, facsimile and other electronic communications technology to ensure more availability and accessibility to state and local program personnel by central and regional office staff with specific subject area expertise;

- make more extensive use of audio and video teleconferencing for providing training and technical assistance to state and local individuals involved in its programs;

- encourage its regional and central office staff to participate, where feasible, in state work groups and conferences;

- encourage its OPDIVS to provide up to date information on laws, bills, regulations and training opportunities for state staff.

- encourage increased cost sharing among various Departmental programs to support training and technical assistance that would benefit states agencies funded by different entities of the Department

Survey of Intergovernmental Groups

Based on the Subgroup's research, the most frequently cited reasons states request training and technical assistance are to: (1) develop effective policies, especially for implementing new federal mandates; (2) improve program operations; and (3) make necessary reforms as a result of diminishing federal and state budgets for health and social services programs.

While there is a wealth of information on methods states have used to improve the effectiveness and efficiency of their HHS-related program operations, state officials often have difficulty finding the information. Often state staff lack fundamental information on how to begin an initiative to improve their programs, and they may not know of contacts in other states who have dealt with a similar issue. This information deficit has resulted in states not implementing the full range of necessary reforms and cost-effective options available and potentially appropriate for them. Moreover, limitations on staff time and funds to conduct research to determine available policy options are among the most serious barriers to further program enhancements and expansions of state cost containment activities.

This portion of the State Subgroup's report focuses on a study of several national intergovernmental organizations. Information was obtained through interviews and a survey of the groups. The study centers upon three groups: the American Public Welfare Association (APWA); National Conference of State Legislatures; and the National Governors' Association (NGA). These organizations were selected primarily because they represent decision makers at the highest levels of state government (the legislative and executive branches) and they represent constituents from all states, the District of Columbia, and the U.S. Territories. Moreover, these organizations have been very vocal and active in the development of key HHS health and social services policies. Their daily contact with key state officials keeps them apprised of significant HHS-related issues that impact states as well as the types of training and technical assistance states require or are requesting to address those issues.

The Subgroup's study was designed to assess the role that the selected intergovernmental groups play in the provision of HHS-related training and technical assistance services to states. Our goal was to determine principally: (I) the types of technical assistance that key intergovernmental groups provide to states; (ii) real and perceived barriers to providing training and technical assistance; and (iii) how HHS can improve its training and technical assistance to states.

Findings

- Intergovernmental groups have been used to address the dilemma that

states face in getting necessary training and information to develop policies. These groups work on behalf of the states and, in many instances, have been established to meet specific state needs for training and technical assistance. In fact, the primary objective of all of the groups surveyed in this study was to provide technical assistance and consultant services to constituents on a wide range of management and policy issues.

- Our survey found the type of technical assistance intergovernmental groups provide most frequently involves responding to telephone inquiries. Usually, the callers sought interpretations of federal laws or guidelines.

- In order to reach the greatest number of constituents, these groups convene conferences and issue focused seminars to educate and update state officials and their staff on the latest policy developments as well as encourage the exchange of information on policies and procedures that work and those that do not. Some state staff say a special benefit of these groups is that they provide states an opportunity to discuss issues freely among themselves and develop creative solutions to common problems before bringing them to HHS for discussion and/or approval.

- HHS agencies use intergovernmental groups to provide a range of training and technical assistance services to states through such arrangements as cooperative agreements, contracts, grants, and participation in workshops and meetings sponsored by the groups. Additionally, some of these groups have assisted the Administration in: providing information to the states quickly; garnering state support for HHS' initiatives and programs; and obtaining expedited feedback from states on HHS-related issues and initiatives.

- States continue to require help with the interpretation and implementation of new federal laws and regulations, but inadequate budgets and insufficient staff prevent intergovernmental groups from serving states as effectively as they could. The groups suggested that the Department help with funding and provision of training and technical assistance in these areas.

EXAMPLES

The groups surveyed indicated that one of the best ways states can overcome the obstacles faced in obtaining necessary information and technical assistance is by drawing upon the experiences of other states. Consequentially, the groups have instituted various methods to help states share their successes and failures in administering HHS' health and social services programs with their counterparts.

This section of the report highlights specific examples of the types of training and technical assistance that the American Public Welfare Association, National Conference of State Legislatures, and the National Governors' Association are providing to states. This information will aid in determining how HHS can augment the groups' current training and technical assistance efforts to better meet the states' needs.

American Public Welfare Association (APWA)

The APWA is a nonprofit, bipartisan organization of individuals and agencies concerned with effective administration and delivery of publicly funded services. Members include all state and many territorial human service agencies, more than 1,200 local and federal agencies, and several thousand individuals who work in or otherwise have an interest in human services programs. The affiliate groups of APWA include several of interest to HHS, such as the American Association of Public Welfare Information Systems Management, the National Association of State Medicaid Directors, and the National Association of Human Service Quality Control Directors.

APWA staff serve constituent member agencies and individuals through a variety of activities to ensure equitable, effective, and administratively sound social welfare programs and policies. Examples of training and technical assistance services provided include:

- The analysis of the impact of national social policy on states;
- Technical assistance to states and localities through a contract that APWA has with HCFA to help states better manage their Medicaid programs. Services provided under the contract include: research projects to identify best practices for dealing with common programmatic issues; sharing information on program innovations; and assisting states with the implementation of recently enacted federal Medicaid program changes;
- Conferences and seminars, including the Annual Medicaid Directors' Conference which APWA co-sponsors with HCFA. This conference serves as a forum for state, federal, congressional, and industry representatives to exchange information on recent Medicaid policies, issues, innovations, and trends;
- Management training seminars, and staff training workshops in specific program areas;
- Consultive services to identify state subject matter experts who can provide expert advice and assistance for developing feasible policies and identifying issues that prohibit effective administration of the states' health and social services programs;
- Research and demonstration projects (funded through such entities as the Robert Wood Johnson Foundation) on human services issues to extend knowledge, improve service delivery and management, and provide technical assistance for program improvements; and
- Publications, including professional and policy monographs, and a Medicaid Management Information Bulletin which highlights recent federal Medicaid policy changes, program innovations, and announcements for upcoming meetings. One of APWA's more popular publications is the "Public Welfare Directory" which provides information to help states navigate both federal and state government agencies. The "Directory" provides an overview of each HHS agency's functions, including the HHS Regional Offices, and lists key HHS agency staff along with their

addresses and phone numbers. Additionally, the "Directory" includes the social services programs in each state; where to write to obtain information on assistance/services; and contacts by key subject areas (e.g., Family Support Act and immigration issues), along with their phone numbers.

National Conference of State Legislatures (NCSL)

The National Conference of State Legislatures is a non-partisan organization created to serve the legislators and staffs of each state, and the U.S. commonwealths and territories. NCSL provides research, technical assistance, and the opportunity for policy makers to exchange ideas on the most pressing state issues. NCSL also represents the interest of state governments before Congress and federal agencies.

The training and technical assistance services that NCSL provides to help lawmakers and their staff include:

- Researching legislators' questions on hundreds of issues from AIDS to taxation, to welfare reform;
- Representing the states' interest before Congress and federal agencies, and analyzing the effects of federal actions on the states;
- Offering training for legislative leaders in management, policy development and intergovernmental relations, as well as offering training for both new and experienced legislative staff members in computer use, bill drafting, budget development, and research;
- Convening issue focused seminars to provide legislators and their staffs an opportunity to learn about creative solutions and the latest thinking on tough problems of the day through and exchange of information among states on policy issues;
- Providing technical assistance to states on maternal and child health issues through a grant with the Maternal and Child Health Bureau and disseminating information on AIDS and adolescent health issues to states through a grant supported by the Centers for Disease Control and Prevention;
- Maintaining a free computer LEGISNET system through which abstracts of thousands of legislative research reports, public policy documents, journal articles, 50-state surveys and statistical data in spreadsheet format, and research reports can be obtained; and
- Managing jointly with the National Governors' Association a computerized service providing detailed information and projections on about 90 percent of the Federal funding going to each state, called Federal Funds Information for States (FFIS).

NCSL also convenes several meetings for legislators and their staffs to keep abreast of current issues and policies. These meetings include:

- a leadership meeting in which state legislative leaders meet with congressional leaders, Cabinet Officers and key Administration officials to exchange views on pressing state-federal issues;
- An annual meeting;
- The Assembly on State Issues for state lawmakers and legislative staff mem-

bers to exchange ideas and information with their counterparts; and

- The Assembly on Federal Issues (AFI) focuses on federal matters and their impact on state government operations. The AFI comprises legislators appointed from each state who develop positions (policy resolutions) on a wide range of state-federal issues for approval by the entire NCSL. Frequently, these resolutions address state concerns about specific policies or issues that prevent effective implementation or administration of HHS' programs. These resolutions, once adopted, serve as the basis for the organization's lobbying efforts before Congress and the Administration.

National Governors' Association (NGA)

NGA's members are the governors of the fifty states and the U.S. Territories. The Association has seven standing committees on major issues, including a Human Resources Committee that oversees HHS-related issues.

The Center for Best Practices is NGA's primary vehicle for sharing knowledge about innovative state activities and exploring the impact of federal initiatives on state government. Additionally, the Center's work focuses on offering expert technical assistance, workshops, analysis and reports, and consultations to governors and their staff. The Center is designed to:

- identify and share the states' best practices and innovations;
- provide expert customized technical assistance to governors;
- identify emerging issues and assist governors in producing creative and effective responses;
- assist governors in developing strategies for evaluating current state programs;
- assist governors in their efforts to implement national programs; and
- help governors build public and private partnerships.

In addition to the Center for Best Practices, NGA offers technical assistance through its "Fiscal Survey of the States." The NGA, in conjunction with the National Association of State Budget Officers, has developed this publication to provide states with information on how their counterparts have handled their budgets, including those areas where states are targeting cutbacks or reforms. The report also discusses how specific regions of the country have attempted to address budgetary issues and strategic directions states are taking.

NGA also provides technical assistance to states under several cooperative agreements and contracts with HHS agencies. For example, NGA has a cooperative agreement with the Bureau of Primary Health Care (BPHC) to address effective strategies for providing health care in rural areas. Under the agreement, NGA will facilitate meetings with governors' health policy advisors, state agency officials, and the community to address primary care issues. Additionally, NGA will conduct several case studies and on-site technical assistance in several states.

NGA has an additional cooperative agreement with the Maternal and Child Health Bureau to conduct meetings and forums on child health issues of interest to states. HCFA also has contracted with NGA to determine effective strategies for: (1) managing state Medicaid managed care programs and (2) developing and implementing statewide health care reform demonstrations.

Positive Patterns

The intergovernmental groups indicated that a major part of technical assistance involves the sharing of information. This information transfer among states, while of potentially great benefit to both Federal and state governments, cannot be expected to occur spontaneously and consistently. The everyday pressures on state health and social services program administrators and the substantial volume of policy activity across the states makes it difficult for these individuals to remain up-to-date on innovations occurring in other states. Without this information, however, policies made at the state level may reflect a limited array of options and possibly be less effective than they could be. To address these concerns, some creative initiatives have been instituted by and through intergovernmental groups. Some examples follow.

- HCFA has a contract with APWA that is devoted exclusively towards providing training and technical assistance to help states better managed their Medicaid programs. Services offered under the contract include policy interpretations and guidance to assist states with new policies; convening conferences to educate states in the use of new quality measurement tools; and establishing an information clearinghouse through which states can obtain information to develop Medicaid program waivers similar to those that have been approved by HCFA and implemented by other states.

- NGA has found that cooperative agreements are effective for providing technical assistance to states because they provide flexibility to meet states' changing needs and thereby result in projects that are more valuable to states.

- NCSL tailors its technical assistance and training to meet the needs of an individual legislature. This may mean sending skilled professional NCSL staff to work on-site directly with lawmakers or legislative staffers, making arrangements for expert witnesses to testify before a legislative committee, conducting special workshops on a topic confronting a legislature, conducting needed training programs for legislators and staff, or responding to an individual legislator's request for information.

- Due to limited funds and staff for providing training and technical assistance services, NGA established a committee to determining the technical assistance that will be provided in a given year. Priorities are determined by the committee based on a yearly survey of all the governors. The committee, which is comprised of policy directors from eight states, ensures that the training/technical

assistance work plan is relevant to the governors' needs.

- Several HHS agencies, including ACF, PHS, HCFA, and CDC use NCSL's various meetings, such as the Assembly on Federal Issues and the Annual Meeting, to brief large groups of state legislators and their staffs on current programmatic issues, new and proposed policies and to promote agency initiatives which will improve services to beneficiaries.

- Some HHS agencies provide key intergovernmental groups copies of new policies, significant agency issuances, and other major program information when or shortly after the information is provided to key state program officials. This procedure helps to ensure wide distribution of information to the states and enhances intergovernmental groups' ability to respond to constituent inquiries expeditiously.

- To promote improved management of the Medicaid program, HCFA meets periodically with key intergovernmental groups [such as APWA's National Association of State Medicaid Directors (NASMD)] to discuss current issues affecting state administration of the program and obtain input on how those issues may be addressed at the federal and state levels. To ensure cross sharing of information, HCFA updates the groups on HHS' concerns and upcoming changes to the program. NASMD and HCFA developed a set of guiding principles which defines their joint commitment to administer the program through a State/Federal partnership. The principles emphasize trust, teamwork, and open communication. They were developed in an effort to facilitate communication while addressing the states' fears about communicating openly with HHS without reprisals. HCFA has found that the principles have strengthened its ability work collaboratively with the states as equal partners in making decisions about the program and in keeping each other informed of developments and issues. HCFA also conducts an evaluation of each meeting to make them more effective and beneficial for states and the federal partners.

- APWA and NCSL sponsor regional meetings in an attempt to reduce travel costs. Some HHS agencies are now beginning to piggyback onto these meetings to discuss federal programmatic issues and conduct training sessions for the states.

- Some of the groups are beginning to use web pages to provide current information to their constituents quickly and reduce the number of phone inquiries. For example, NCSL has developed a web page which analyzes and tracks various policies, including health policy.

Issues that Remain to be Addressed

HHS needs to continue to define areas where possible collaboration can occur with states and the intergovernmental groups in planning, conducting, and evaluating training and technical assistance. The groups have identified implementation of new laws and developing mechanisms to promote quality care under various

programs as key areas in which more training and technical assistance are required.

RECOMMENDATIONS

Generally, the groups identified lack of resources as the greatest barrier to the receipt of training and technical assistance. Recommendations to address this problem ranged from providing additional funds for cooperative agreements and grants to working more closely with intergovernmental groups to educate their constituencies about HHS-related issues. Specific recommendations are provided below.

- NCSL recommended that HHS find ways to provide direct technical assistance to state legislators and their staff, perhaps through the regional offices. If this is not possible, NCSL would settle for working closely with HHS agencies to develop and provide information that can be disseminated to state legislators.

- NGA recommended that HHS publish reports and conduct conferences that move toward collaborative interagency problem solving, since most problems are not solved by one program's resources alone. NGA further suggests that HHS agencies tap the interests and expertise of other entities in the public and private sectors when providing technical assistance. Moreover, NGA suggested that HHS provide grants to state-based organizations which will ensure that training and technical assistance is provided to a broad spectrum of constituents.

- Some of the groups suggested that federal program staff and officials should be more receptive to receiving technical assistance from the states when developing policies that the states must implement expeditiously. Consequentially, some of the groups requested a more proactive role in the development of agency policy, especially when new laws are enacted.

- All groups recommended that HHS undertake efforts to enhance the exchange of information among states on innovative programs, best practices, and new policies as a cost effective and efficient means of providing technical assistance to a broad audience. They suggested that the information exchanged is valuable for several reasons. First, officials within a given state may discover alternative new approaches that are being pursued or have been adopted in other states. Second, a state may be able to implement innovations exchanged in spite of limited staff resources by obtaining relevant documents from the originating state and modifying these materials as necessary rather than creating these materials from scratch. Finally, states seeking to adapt other states' policies to their own situations may be able to obtain valuable evaluative information that allows them to build on those states' experiences and thus avoid problems experienced by other states.

- The groups generally agreed that publications for legislators and governors should be designed to be read quickly. A recommended format would: identify the issue; address why states should be concerned about the issue; including the implications on states;

describe methods states have attempted to deal with the issue; and provide options available to states. Publications written in a question and answer format have been found to be very helpful.

- Some of the groups have begun to use high technology, such as web pages, e-mail and holding conference calls. However, all acknowledged that HHS should not use these exclusively as the vehicles for communicating since some states do not yet have the technology.
- Generally, the groups requested that HHS provide additional technical assistance to help states with the implementation of new federal laws and in ensuring the quality of care under health programs.

The Survey Findings

A summary of the survey findings follows:

Types of training and technical assistance offered

Types of technical assistance provided varied somewhat by interest groups, but all held conferences and workshops to educate their constituencies about recent policies or trends in the delivery of health and social services, and responded to phone inquiries. All prepared reports and publications that addressed issues of concern to a majority of states.

HHS' participation in training and technical assistance activities

All groups used HHS staff to provide technical assistance. Most frequently, Departmental staff are used to respond to phone and written inquiries from the groups. The groups also used HHS staff as resource persons or presenters at national conferences and workshops in which HHS issues were discussed. When requesting assistance with training and technical assistance efforts, the groups generally sought help from HHS Central Office staff, frequently using the appropriate agency's Intergovernmental Affairs Office as the point to initiate their requests.

Recipients of training and technical assistance

The recipients of HHS-provided technical assistance varied by group, with state legislators and their staff being the predictable recipients at NCSL and Governors or their staffs when the request was made by NGA. A range of state staff and officials could be the recipients of technical assistance requested by APWA.

How request are received

Training and technical assistance requests from the states are generally triggered by new laws or changes in HHS' policies. A flurry of requests is also received when the Administration releases its budget. Generally, the groups receive these requests from the states by phone. However, sizeable amounts are received by letter, fax, and during meetings.

Establishing priorities for training and technical assistance

All of the groups surveyed establish priorities for providing training and technical assistance. NGA was the only group with a formal process in place for establishing priorities. The other groups set priorities based on such things as directing assistance toward specific constituents (e.g., legislative staff) or providing assistance that will benefit the greatest number of states. Written articles/ materials and research reports ranked highest on the list of types of technical assistance most useful in assisting states with HHS-related issues. Conferences and meetings were identified as other effective mechanisms.

Barriers to provision of training and technical assistance

Not surprisingly, the barriers to providing training and technical assistance which were identified most frequently by the intergovernmental groups were lack of resources-- i.e., travel funds and staff to provide the services. Other factors identified included lack of access to available information on recent program developments and technologies.

Members of The State Issues Subgroup

Edwin Walker, Co-Chair	AoA
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Appendix H

Report of the Focus Group on Child Care and Head Start Programs

Overview

This report presents information obtained during a focus group panel session, held as an adjunct to a Head Start and Child Care meeting that was held in Crystal City, Virginia. The session, which occurred on May 14, 1997, was commissioned by the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services (DHHS) in order to advise the Technical Assistance and Training Liaison Group. Convening the focus group as an adjunct to an already scheduled meeting took advantage of the programmatic and geographic diversity of the technical assistance customers already gathered. The focus group panel session lasted an hour and a half.

Topic 1. Technical assistance programs and how to use them:

Participants noted that they need a great deal of technical assistance when they are in the process of developing grant requests or responding to requests for proposals. They need background information about grants, clarification of terms, and interpretation about different aspects of the solicitations. Most of this kind of assistance comes directly from DHHS Headquarters and Regions, and from the states.

Other significant uses of TA include:

- helping programs correct program deficiencies found as a result of reviews or evaluations. This support is purchased by the grantee, or is obtained from regional training centers or state associations.
- helping grantees enhance the quality of their programs. This support is funded/facilitated (contracted for) by DHHS, or provided by local community agencies or, in the case of Head Start, purchased locally. It was noted that a portion of the Child Care grant is earmarked for quality enhancement.
- conveying to grantees (and others) information about differences and similarities between the various programs administered by DHHS. Most of this comes from DHHS staff.
- tracking down information about federal grants.
- finding out about other programs that are doing similar things or have solved similar problems. (Several times during the session, participants noted how useful it was to learn about "model programs."

The participants pointed out that besides DHHS, information also comes

from regional and national organizations and peers, especially with regard to information about other services provided and what other states may be doing.

Support is available from numerous sources besides DHHS, including regional information sharing organizations, conferences, contractors, and children's organizations. Participants said that they valued sources other than DHHS to discover what is going on in other states. For example, other sources provide information on how states administer child care voucher systems with private non-profits. The group agreed that quality of support provided by organizations, such as training organizations which contract with consultants to deliver technical assistance, varies.

Topic 2. Quality of current U.S. Department of Health and Human Services Technical Assistance and Suggestions for Improvement:

The group clearly warmed to this topic, offering the following criteria as indicators of high quality technical assistance:

- Usefulness
- Timeliness — providing untimely information destroys its value; information that is even only six months old can be of little use.
- Frequency, i.e. consistent availability.
- Communication and information must be clear and understandable the first time.
- Accurate assessment of the needs of the requester.
- Recipients of technical assistance must feel that they are being supported, not judged.
- Accessibility to information sources. The focus group was adamant about the need for improved accessibility.
  - Having to "spend 5 hours to find the right person" to answer a question is not acceptable.
  - The providers of technical assistance need to have a user-friendly response system; complicated telephone systems are not user-friendly.
  - Voice mail systems with long lists of options are not user-friendly. Systems which merely forward the call to another recording or which provide long lists of options waste time. "Spending 2 minutes and 48 seconds of long distance time in silly systems just to connect to a person" reduces accessibility. Full voice mail boxes are frustrating. The focus group agreed that automated telephone systems have made obtaining technical assistance much more difficult, if not impossible.
  - The focus group recognized, however, that government structure and resources make the provision of accessible technical assistance difficult. They believe that the Child Care and Head Start Bureaus provide good access given

their resources and the levels of responsibility.

- The information provided must be credible. "Don't send us down the wrong road." Information must be accurate and the provider must have track record of providing good information.

The group offered the following suggestions for improvements to DHHS technical assistance:

- Headquarters and Regional Offices do not provide consistent answers to questions, although this varies by region. Consequently, there is a need for better communications between Regional offices and Headquarters, especially in light of the January 1, 1998 implementation of revised performance standards, when it will be important to avoid different interpretations in the early stages.

- Good communication among the regions and between the bureaus and the regions is critical.

- The bureaus need more money and positions for additional staff so that they may provide more timely responses.

- The use of complicated telephone systems seems endemic throughout DHHS. Panelists agreed that they rarely reach a person the first time they call; instead, they often must leave messages on voice mail that are never returned. One panelist got good response at the regional level; another got better response from Headquarters. Panelists agree that accessibility to Head Start is weak at the Headquarters level, while it is better for the Child Care Bureau.

- Grant information should be disseminated via methods in addition to the Federal Register. However, Internet dissemination is not an option, since half of the panelists had no access to the Internet, or, in some cases, to computers themselves. One panelist noted that grant information is contained in a program's monthly bulletin, but another panelist was unaware of the bulletin.

- However, participants generally agreed that there needs to be a better way to learn about all the technical assistance and support that is available. The bulletin noted above and establishing a toll-free number to get assistance in this area were mentioned as possible information conduits.

- Although participants agreed that DHHS has been able to link states with similar questions and problems, they thought that DHHS should participate in and/or and hold more state meetings. These meetings should include information on, or examples of, innovative ways to address problems. Presentation of "model programs" was a good approach.

- Several panelists voiced the opinion that the Head Start bulletin boards are not particularly useful and are not used very often.

- Numerous participants repeatedly mentioned the value of meetings and conferences as a means to network and gain information from different sources. The group suggested that DHHS sponsor meetings on the subject of quality, a subject on which they could use more information.

TOPIC 3 DELIVERY OF TECHNICAL ASSSISTANCE SERVICES BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

- Panelists agreed that conferences, such as the one held immediately prior to the focus group, were a good tool for the delivery of technical assistance. The group concurred that more such meetings were needed, and emphasized the importance of bringing together representatives of Head Start and Child Care, as well as community partners and state officials. Despite the usefulness of these sessions, panelists wanted more time set aside for specific questions and responses. Finally, panelists agreed that a smaller number of participants in each meeting would encourage greater participation.

- Panelists suggested that partnerships might be created to facilitate information exchange.

- State-level technical assistance should employ a mentor, training officer, or liaison who is familiar with common problems experienced by local level programs .

- Panelists suggested greater follow-up for any meetings that are held. For example, they felt that it would be helpful to receive meeting notes or minutes, and thought that any notes that were taken at meetings were strictly for the benefit of Headquarters offices.

- In general, the panelists saw little benefit in using broadcast faxes as a way to distribute general information, although they noted that they might be very useful in specific situations.

- Panelists commended the use of telephone conferencing and would welcome an increase in its use. One person from a state Child Care office lauded the head of the Bureau for her regular teleconferences. The participant explained that these conferences addressed specific quesitons sent in advance by the field/states, and described the discussions as very useful.

- Panelists believed that the review process was not standardized. They described situations where one reviewer identifies problems, but another reviewer is not troubled by the same problems at a review six months later. Instead, the later reviewer identifies other problems that the first reviewer did not address. Several panelists also noted that reviewers do not have the broad-based knowledge necessary to complete effective reviews or to provide needed technical assistance.

- At least half of the panelists thought that the potential for delivering technical assistance via the Internet has little potential. Access to the Internet is costly, and only half of participants had access to computers; even among this half, computer use is spotty. Panelists also noted that state agencies are less advanced in computer technology than are federal agencies. They believed that, unless proper investment in the technology, its implementation, and training is made, the Internet will not be useful. One participant commended the goal of greater automation proposed by the head of the Child Care Bureau.

- Panelists noted that greater clerical support at the federal level appears to be needed. Work often is delayed because professional staff lack the time to invest in clerical functions. Some participants noted that they have seen much improvement in child care response and quick turnaround since October 1, 1996.

- At first, panelists did not respond well to the idea of providing more general technical assistance for some areas or topics. When the facilitator suggested that the group consider administrative areas as examples of the general level, panelists responded that they were not receiving technical assistance in these areas, with the exception of some helpful telephone conferencings.

- Although panelists did not believe that establishing improved oversight and control in areas where the contractors, states, and local programs converge would be easy, they thought that oversight would help to eliminate inconsistencies in state administration of federal funding and in contractors' provision of services.

TOPIC 4. FEEDBACK.

In general, panelists believed that the emphasis DHHS places on feedback is important. The many evaluations requested and provided after conferences such as the one immediately prior to the focus group allow participants to share their experiences and ideas with Department officials. However, panelists do not know how the Department collates and uses the information they provide.

Panelists offered several suggestions for improving the feedback received from local programs. These included:

- Participants suggested that an evaluation module be included whenever technical assistance is provided. For example, at the end of a telephone conversation, there might be an automatic switchover to an evaluation module. Furthermore, panelists suggested that DHHS use client surveys as part of the reporting process.

- Panelists believed that a quality assurance program should be included in the technical assistance they are offered.

- Panelists were unclear about the extent to which DHHS evaluates its own performance at every level where technical assistance is provided.

- Panelists suggested that DHHS solicit opinions from grass-roots programs before regulations, policies, or guidance are drafted.

- Of particular concern to panelists, the technical assistance provider contracted to the Child Care Bureau appears to be perfoming poorly. The contractor apparently lacks adequate staff, and does not deliver satisfactory support at certain high-stress times of year.